Schedule of Medical Fees

December 1, 2005

Kansas Department of Labor
Workers Compensation

KANSAS DEPARTMENT OF LABOR

DIVISION OF WORKERS COMPENSATION

Schedule of Medical Fees

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Division of Workers Compensation

The Kansas Workers Compensation Schedule of Medical Fees incorporates portions of the following documents:

1. The *Current Procedural Terminology,* Fourth Edition, copyright 2004 (a.k.a. *CPT* 2005) by the American Medical Association
2. The *Current Dental Terminology, CDT-2005,* copyright 2004, published by the American Dental Association
3. The *Relative Values for Dentists 2005*, copyright 2004, published by Relative Value Studies, Inc. of Broomfield, Colorado
4. The *2005 Relative Value Guide*, copyright 2004, developed by the American Society of Anesthesiologists
5. The *2005 Essential RBRVS*, A comprehensive listing of RBRVS values for *CPT* and HCPCS Codes, copyright 2004 Ingenix, Inc.
6. The *2005 HCPCS* allowances that were obtained from Cigna HealthCare who is under contract with CMS as the Durable Medical Equipment Regional Carrier (DMERC)

Some of the most important revisions that have been incorporated within this Schedule of Medical Fees are as follows:

1. Incorporation of the RBRVS concept for improvement in the statistical validity is used for the unit values employed to determine maximum allowable fees.
2. Expansion and refinement of the DRG based reimbursement system for hospital inpatient care has been updated to coincide with the most recent data available at the time of this publication.
3. Medical Nutrition Therapy has been added as a new section within the fee schedule. A Conversion Factor of $41.19 has been established.
4. Acupuncture has been added as a new section within the fee schedule. A Conversion Factor of $41.19 has been established.
5. The Conversion Factor for the various sections of the fee schedule (except for Anesthesia) has been changed as follows to reflect the incorporation of the RBRVS system.

   Surgery: Conversion Factor changed from $110.00 to $67.95
   Radiology: Conversion Factor changed from $110.00 to $63.15
   Pathology: Conversion Factor changed from $110.00 to $75.10
   Medicine: Conversion Factor changed from $82.50 to $52.42
   Physical Medicine: Conversion Factor changed from $50.00 to $43.80
   Osteopathic Manipulative Treatment: Conversion Factor changed from $60.00 to $54.43
   Chiropractic Manipulative Treatment: Conversion Factor changed from $53.50 to $50.75
   Special Services and Reports: Conversion Factor changed from $30.00 to $42.35
   Evaluation and Management: Conversion Factor changed from $25.00 to $46.33

6. The Conversion Factor for Anesthesia has been changed from $45.00 to $48.75.
7. A new payment schedule for nurse anesthesists has been introduced; i.e., payment will be limited to 85% of the maximum allowable fee associated with the *CPT* code used for billing.
8. A new payment schedule for physician assistants or advanced practice nurses has been introduced; i.e., payment will be limited to 85% of the maximum allowable fee associated with the particular *CPT* code used for billing.
9. The Ground Rule within the Surgery Section that related to Starred Procedures has been deleted to correspond with the changes made by AMA in conjunction with *CPT* 2004.
10. A new column identified as “FUD” has been added in the Maximum Allowable pages of the Surgery Section to specify the amount of follow-up days that pertain to a particular type of surgical procedure and/or service.
11. A new rule pertaining to Conscious Sedation has been included in the Surgery Section of the fee schedule.
12. A new column identified as “PC/TC” has been added in the Maximum Allowable pages of the Radiology Section to specify the percentage amount or split for the Professional Component and the Technical Component with respect to each of the *CPT* codes.
13. The special exception for *CPT* code 97534 found within the Physical Medicine Section has been deleted from the fee schedule.
14. The Dentistry Section of the fee schedule has been changed to reflect that dental services will no longer be subject to any discount/reduction as it relates to Bilateral or Multiple Procedures. Modifiers -50 and -51 that were used to report any bilateral/multiple services are no longer a part of the dental fee schedule. Also, the Conversion Factor has been changed from $33.00 to $35.75.
15. The Hospital/Ambulatory Surgical Center of the fee schedule has been changed whereby Ambulatory Surgery Centers within Peer Groups 1 and 2 are now specifically being listed.
16. The Medical Equipment and Supplies Section has been amended to now include the maximum allowance for any prosthetic and/or orthotic devices. The maximum payments as listed have been computed by using the 2005 HCPCS rates obtained from Cigna HealthCare, who is under contract with CMS as the Durable Medical Equipment Regional Carrier (DMERC) and increasing those rates by 25%.
17. The maximum allowances for Vocational Rehabilitation Services have been increased by 10%.

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Third Revision - October 1999
Fourth Revision - December 2001
Fifth Revision - December 2003
Sixth Revision - December 2005

This Schedule of Medical Fees, planned for implementation December 1, 2005, was approved by the Workers Compensation Director on July 27, 2005.

The most recent contract agreement between the American Medical Association (AMA) and the Kansas Department of Labor prohibits the fee schedule inclusion of individual *CPT* code descriptions. This is a new policy decision by the AMA and will similarly apply to other jurisdictions that publish medical fee schedules for Workers Compensation. For the applicable *CPT* 2005 Code

descriptions, refer to the *Current Procedural Terminology*, copyright 2004 (a.k.a. *CPT* 2005), available through the American Medical Association.

Although the American Dental Association contract agreement does not prohibit the inclusion of *CDT* code descriptions, those descriptions will not be included within the fee schedule, so as to maintain a uniform presentation format for all codes employed to obtain reimbursement for services provided. For the applicable *CDT* code descriptions, refer to the *Current Dental Terminology, CDT-2005*, available through the American Dental Association.

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INTRODUCTION

In accordance with the provisions of Substitute for HOUSE BILL No. 3069 that was enacted by the 1990 Kansas Legislature, and through the assistance of the advisory panel that was created by law to assist the Director in the establishment of a Schedule of Medical Fees, this fee schedule has been adopted and is to be used as the basis for the billing or payment of medical, surgical, hospital, dental, nursing, vocational rehabilitation, or any other treatment or services that are provided to injured workers under the Workers Compensation Law of the State of Kansas.

This Schedule of Medical Fees governs the medical services provided to injured workers by health care providers including the medical services provided by registered physical and occupational therapists, and the medical services of a hospital or other health care facility; it also governs facilities and agencies providing vocational rehabilitation services. The maximum allowable fees and unit values contained within this schedule, which vary by the specific type of service, take into consideration the difficulty in performing a certain type of service that is based upon the risk, time, ability, and skill involved. Note specifically the code designation by type of service being provided. These codes have been adopted by various medical societies and associations (e.g., American Medical Association, American Dental Association) and are to be used in the respective billing or payment of medical services involving injured workers. **Note: The maximum allowable payment to a physician is to be limited to the maximum allowable payment contained within the appropriate sections of this fee schedule, regardless of who <u>either</u> bills for the service <u>or</u> where the service(s) was/were provided. Billing for all physician services, whether provided in a physician's office, hospital, or any other setting, must be submitted using the CMS 1500 form or an equivalent form containing the same information. Additionally, and to assure that Cost Containment is achieved, nothing in this fee schedule shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.**

The maximum allowable payment for physician assistants or advanced practice nurses is limited to eighty-five percent (85%) of the maximum allowable fee associated with the *CPT* code submitted.

The unit values for the respective *CPT* codes listed within this Schedule of Medical Fees expresses the relativity, based on comparative magnitude, between various procedures and services. Thus, the maximum fee schedule amount for a particular procedure or service is determined by multiplying the listed unit value by the applicable conversion factor for the section in which the service or procedure is located. See the "Conversion Factors" at the end of this Introduction Section for the applicable conversion factors.

With regard to Anesthesia, the Basic Unit Values contained within the Anesthesia Section of this Schedule of Medical Fees were obtained from the *2005 Relative Value Guide* developed by the American Society of Anesthesiologists (ASA), which is recognized as an appropriate assessment of current relative values for specific procedures related to anesthesiology.

The accompanying General Instructions, and Ground Rules that are applicable to each section, explain the application of the *CPT* codes and unit values. It is important to remember that this fee schedule has been developed anticipating that it can be used by all health care providers. Note, however, that appropriate surgical codes are not confined to use by surgeons, nor are the Medicine or Evaluation and Management Sections confined to use by specialists, internists, etc.

Since this fee schedule is applicable to the entire state of Kansas, the maximum allowable fees, unit values, and conversion factors contained herein do not necessarily reflect the charges or services of any specific type of health care provider, nor are they to reflect the current usual and customary fee for any specific area in the state of Kansas.

All the maximum allowable fees or unit values (with the use of a conversion factor) listed herein represent the maximum payment to be reimbursed for the treatment or service provided. **It is important to remember that reimbursement for any needed services is to be limited to the schedule of charges hereby being adopted or the health care provider's usual and customary charge, whichever is less. All bills submitted for payment must include the actual charges plus the categorization of the charges as per the codes contained in this Schedule of Medical Fees.** There is a provision, however, for allowing a greater fee if it can be clearly established that extraordinary services were required in a particular case. In such a case, this fee is subject to approval by the Director of Workers Compensation.

Medical treatment provided by Out-of-State Providers: For any service (emergency or non-emergency) that is provided by an out-of-state provider, and if a claim is filed under the Kansas Workers Compensation Law, reimbursement for such service is to be limited to the maximum allowable payment contained within the appropriate

INTRODUCTION

sections of this fee schedule. Thus, any out-of-state provider who willingly provides medical service to an injured worker who is seeking benefits under the Kansas Workers Compensation Law, must realize that said service is to be limited to this fee schedule and should take the necessary steps to receive authorization from the insurance company, employer, or payer prior to providing said service. Prior authorization for such services should be obtained to assure that the processing of a Workers Compensation claim will not be denied. Additionally, absent any pre-approval by the insurance company, employer, or payer, balance billing the injured worker, or any other party, for the services provided is prohibited.

Any service or charge that is not contained within this fee schedule is to be determined by referring to the "Procedures/Services Listed Without Specified Maximum Allowance" rule found within the General Instructions Section. See also the "Procedures Listed Without Specified Maximum Allowance" rule found within each individual section.

STANDARDIZED BILLING FORM: Health care providers, including ambulatory surgical centers, pharmacists, and suppliers of medical equipment and supplies shall use the CMS 1500 form or an equivalent form containing the same information for the billing of their services, drugs, or supplies. Dental offices shall use the ADA-94 form or an equivalent form containing the same information. Hospitals shall use Form UB-92.*** (See Footnote.)**

Any insurance company, employer, or other payer who reduces or denies charges from a provider according to the general instructions, ground rules, unit values, or maximum fees contained within this fee schedule must show the **specific** basis of the reduction or denial by use of an **"Explanation of Benefits"** form. The **specific** general instruction, **specific** ground rule, **specific** unit value or **specific** maximum fee that was used for the reduction or denial must be indicated or identified. When payment is reduced or denied on some other basis, the **"Explanation of Benefits"** form must contain a complete explanation as to why, for example, the service was unreasonable, the service was more appropriately defined by another procedure code, or the service was not related to a compensable injury. When any such reduction or denial occurs, the **"Explanation of Benefits"** form shall also include: 1) the identity of the person or entity that made the decision for the reduction or denial; 2) the identity of the person or entity that is ultimately responsible for payment; and 3) the telephone number of such person or entity where further explanation of the reduction or denial can be obtained. **In the event a controversy arises between the provider and the payer, an attempt should be made by the involved parties to resolve said issue(s). Issues which cannot satisfactorily be resolved should then be referred to the Director of Workers Compensation for review.**

As a further attempt to avoid controversy arising between the provider and the payer for failure to make timely payment for any medical services provided, it is recommended that the insurance company or self-insured employer make payment for any medical services that were provided either: 1) within 30 days of receiving the bill submitted and any necessary documentation required by the fee schedule, or; 2) within 30 days of it being determined that the medical service provided is the result of an injury that is compensable under the Workers Compensation Law.

Where the word "physician" appears within this fee schedule it shall mean, where appropriate, a "health care provider" as defined by the Kansas Workers Compensation Law.

SPECIAL NOTE: The five-digit codes included in this Schedule of Medical Fees (with the exception of the Dentistry Section and the Medical Equipment and Supplies Section) are obtained from *Current Procedural Terminology* (*CPT*®), copyright 2004 by the American Medical Association (AMA). *CPT* is developed by the AMA as a listing of descriptive terms and five-digit codes and modifiers for reporting medical services and procedures performed by physicians.

The responsibility for the content of the Schedule of Medical Fees is with the state of Kansas Division of Workers Compensation and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the Schedule of Medical Fees. No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of *CPT*. Any use of *CPT* outside of Workers Compensation Schedule of Medical Fees should refer to the most current *Current Procedural Terminology* which contains the complete and most current listing of *CPT* codes and descriptive terms. Applicable FARS/DFARS apply.

Relative value units for anesthesia services have been excerpted from the *2005 Relative Value Guide,* copyright 2004 by permission of American Society of Anesthesiologists.

INTRODUCTION

The five-digit codes included in the Dentistry Section of this Schedule of Medical Fees are obtained from the publication of the American Dental Association titled *Current Dental Terminology, CDT-2005.* The following is therefore applicable: *Current Dental Terminology* copyright 2002, 2004 American Dental Association. All rights reserved.

ADDITIONAL SPECIAL NOTE: The Kansas Workers Compensation Law specifically prescribes that an injured employee shall not be liable for any charges above the amount contained within this fee schedule. The respective section of the Kansas Workers Compensation Law (K.S.A. 44-510j) that prohibits an injured employee for being liable for any charges above the amount contained within this fee schedule reads as follows:

> Any health care provider, nurse, physical therapist, any entity providing medical, physical or vocational rehabilitation services or providing reeducation or training pursuant to K.S.A. 44-510g and amendments thereto, medical supply establishment, surgical supply establishment, ambulance service or hospital which accept the terms of the workers compensation act by providing services or material thereunder shall be bound by the fees approved by the director and no injured employee or dependent of a deceased employee shall be liable for any charges above the amounts approved by the director.

Interpreter Services: If the services of an interpreter are required for the provision of medical care to a hearing impaired, speech impaired, or other person whose primary language is other than English, the following will apply:

- Maximum allowable payment for the first hour or less is limited to $35.00.
- Each additional quarter hour increment of time is to be paid at $8.75 per quarter hour increment.
- Any reimbursement for necessary travel mileage (including any tolls and parking fees actually incurred) is to be at the rate prescribed for compensation of state officers and employees pursuant to K.S.A. 75-3203a.

CONVERSION FACTORS

Any reimbursement for necessary travel mileage (including any tolls and parking fees actually incurred) is to be at the rate prescribed for compensation of state officers and employees pursuant to K.S.A. 75-32The conversion factors applicable to this fee schedule are as follows:

Anesthesia	$48.75
Surgery	$67.95
Radiology	$63.15
Pathology and Laboratory	$75.10
Medicine	$52.42
Physical Medicine and Rehabilitation	$43.80
Medical Nutrition Therapy	$41.19
Acupuncture	$41.19
Osteopathic Manipulative Treatment	$54.43
Chiropractic Manipulative Treatment	$50.75
Special Services and Reports	$42.35
Evaluation and Management Services	$46.33
Home Health Procedures / Services	$25.00
Home Infusion Procedures / Services	$25.00
Dentistry	$35.75
Hospital / Ambulatory Surgical Center	N/A
Medical Equipment and Supplies	N/A
Prescription Services	N/A
Vocational Rehabilitation Services	N/A
Depositions, Testimony, and Medical Records Reproduction	N/A
Ambulance and Aircraft Services	N/A
Nursing Homes / Intermediate Care Facilities	N/A

To determine the maximum fee schedule amount for a procedure, it is necessary to multiply the unit value of the procedure by the dollar conversion factor applicable to the particular section in effect on the date the service was provided. Formula: unit value multiplied by conversion factor = maximum fee schedule amount.

*** Form UB-92 is to gradually be replaced by Form UB-04, beginning March 1, 2007. Either form (UB-04 or UB-92) may be used until May 22, 2007. Starting May 23, 2007, the UB-92 will no longer be accepted.**

GENERAL INSTRUCTIONS

FOR USING THE SCHEDULE

FORMAT

Twenty-two major sections comprise this Fee Schedule: Anesthesia; Surgery; Radiology (including Nuclear Medicine and Diagnostic Ultrasound); Pathology and Laboratory; Medicine; Physical Medicine and Rehabilitation; Medical Nutrition Therapy; Acupuncture; Osteopathic Manipulative Treatment; Chiropractic Manipulative Treatment; Special Services and Reports; Evaluation and Management; Home Health; Home Infusion; Dentistry; Hospital/Ambulatory Surgical Center; Medical Equipment and Supplies; Prescription Services; Vocational Rehabilitation Services; Depositions, Testimony, and Medical Records Reproduction; Ambulance and Aircraft Services; and, Nursing Homes/Intermediate Care Facilities. This Fee Schedule is divided into these sections for structural purposes only. Providers of medical services and/or suppliers are to use the section(s) which contain the procedures they perform, or the services they render.

Also included in this Fee Schedule is a separate section identified as **Appendix B - Quick Reference Table,** which is to be considered only as a supplement to this Fee Schedule. This appendix is provided for use in determining the maximum fee that is associated with a particular procedure code. Note specifically that each maximum fee found therein is calculated by multiplying the respective conversion factor of this Fee Schedule by the unit value of the procedure code.

GROUND RULES

Introductory material, known as Ground Rules, precedes the separate sections of this Fee Schedule and contains the necessary general information, instructions, and general rules with which the user needs to become acquainted before undertaking the use of this Fee Schedule. Familiarity with these general rules, which may include definitions, references, prohibitions, and directions for their proper employment, is necessary for all who use this Fee Schedule. It cannot be emphasized too strongly that these rules need to be read before this schedule is used.

PROCEDURES/SERVICES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE

Some procedures/services are not accompanied by allowable fees. Procedures/services denoted "by report" (BR) in the unit value column are too unusual or variable in the nature of their performance, too new, or too infrequently performed to permit the assignment of a unit value. Fees for such procedures/services need to be justified "by report." The report should contain sufficient supportive information to permit proper identification. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, the skill, and equipment necessary, etc. For any procedure/service where the unit value is "BR," the health care provider shall establish a charge that is consistent with other unit values shown in the Schedule. The insurance carrier or self-insured employer should review all submitted "BR" amounts to assure that an excessive charge for services provided is not occurring. **Note also that for any procedures/services not listed within this Fee Schedule, the associated charge(s) will need to be substantiated "by report" (BR).**

DEFINITIONS

New Patient: One who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

Established Patient: One who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years. In the instance where a physician is on call for or covering for another physician, the patient's encounter will be classified as it would have been by the physician who is not available.

Note that no distinction is made between new and established patients in the emergency department. E / M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

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GENERAL INSTRUCTIONS

Modifiers: A modifier **(located in Appendix A)** provides the means by which the reporting physician can indicate that a service or procedure, that has been performed, has been altered by some specific circumstance but not changed in its definition or code. Only one modifier should be added to any single five-digit code submitted by an individual health care provider. The judicious application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of a report that:

- A service or procedure has both a professional and technical component.
- A service or procedure was performed by more than one physician or in more than one location.
- A service or procedure has been increased or reduced.
- Only part of a service was performed.
- An adjunctive service was performed.
- A bilateral procedure was performed.
- A service or procedure was provided more than once.
- Unusual events occurred.

MODIFIER EXAMPLES

1: A physician providing diagnostic or therapeutic radiology services, ultrasound, or nuclear medicine services in a hospital would use modifier -26 to report the professional component, as follows:

73090-26 = Professional component only for an x-ray of the forearm

2: Two surgeons, usually with different skills, may be required to manage a specific surgical problem. The modifier -62 would be applicable. Modifier -62 would be appropriate only when both surgeons are reporting the same code number and descriptor. For instance, a neurological surgeon and an otolaryngologist are working as co-surgeons in performing transsphenoidal excision of a pituitary neoplasm. The first surgeon would report:

61548-62 = Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic + two surgeons modifier

AND the second surgeon would report:

61548-62 = Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic + two surgeons modifier

A listing of modifiers pertinent to **ANESTHESIA, SURGERY, RADIOLOGY, PATHOLOGY AND LABORATORY, MEDICINE,** and **EVALUATION AND MANAGEMENT** are located in **Appendix A - Modifiers.**

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ANESTHESIA GROUND RULES

1. **GENERAL:** All anesthesia values are determined by taking the **BASIC UNIT VALUE**, which is related to the complexity of the service, and adding **MODIFYING UNITS** (if any), and **TIME UNITS**. The fee for a particular procedure or service in this section is determined by multiplying the listed "Basic Unit Value" by the conversion factor that is applicable to this section. **See page 8 to obtain the conversion factor**.

   The values contained within this section apply when the anesthesia care is provided by or under the medical supervision of qualified physician. This anesthesia care may include but is not limited to general, regional, monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal. For anesthesia care provided by nurse anesthetists, billing for independent unsupervised services, payment will be limited to 85% of the maximum allowable fee associated with the *CPT* code submitted.

2. **BASIC UNIT VALUE:** A Basic Unit Value is listed for anesthetic management of most surgical procedures. This includes the value of all usual anesthesia services except the time actually spent in anesthesia care and any modifiers. The usual anesthesia services included in the Basic Unit Value include usual pre-operative and post-operative visits, the administration of fluids and/ or blood products incident to the anesthesia care and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). Placement of arterial, central venous and pulmonary artery catheters and use of transesophageal echocardiography (TEE) are not included in the basic unit value.

   A service that is rarely provided, unusual, variable, or new may require **a special report in determining** medical appropriateness of the service.

   When multiple surgical procedures are performed during a single anesthetic administration, only the anesthesia code with the highest basic unit value is reported. (The time reported is the combined total for all procedures.) Add-on codes are an exception to this policy. They are listed in addition to the code for the primary procedure.

   When it is necessary to have a second attending anesthesiologist assist with the preparation and conduct of the anesthesia, these circumstances should be substantiated "By Special Report." Such services shall have a Basic Unit Value of 5.0 Units plus Time Units.

   Any procedure around the head, neck, or shoulder girdle, requiring field avoidance, or any procedure requiring a position other than supine or lithotomy, has a minimum Basic Unit Value of 5.0 regardless of any lesser Basic Unit Value assigned to such procedure in the body of the Relative Value Guide.

3. **ANESTHESIA MODIFIERS:** All anesthesia services are reported by use of the anesthesia five-digit procedure code plus the addition of a physical status modifier. These modifying units may be added to the basic unit value. The use of other optional modifiers may also be appropriate.

   Physical Status Modifiers
   Physical status modifiers are represented by the initial letter P followed by a single digit from 1 to 6 as defined below:

		Unit Value
P1 -	A normal healthy patient	0
P2 -	A patient with mild systemic disease	0
P3 -	A patient with severe systemic disease	1
P4 -	A patient with severe systemic disease that is a constant threat to life	2
P5 -	A moribund patient who is not expected to survive without the operation	3
P6 -	A declared brain-dead patient whose organs are being removed for donor purposes	0

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ANESTHESIA GROUND RULES

The above six levels are consistent with the American Society of Anesthesiologists (ASA) ranking of patient physical status. Physical status is included in *CPT* to distinguish between various levels of complexity of the anesthesia service provided.

Other Modifiers (Optional)
Under certain circumstances, medical service and procedure codes need to be further modified. For other modifiers that may need to be used for **Anesthesia**, refer to Appendix A - Modifiers.

4. **TIME UNITS (TM):** TIME UNITS WILL BE ADDED TO THE BASIC UNIT VALUE AND MODIFYING UNITS AS IS CUSTOMARY IN THE LOCAL AREA. Anesthesia time begins when the anesthesiologist begins to prepare the patient for anesthesia care in the operating room or in an equivalent area, and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under other post-anesthesia supervision.

   The time units are calculated by allowing one unit for each 15 minutes or significant fraction thereof (7.5 minutes or more) of anesthesia time. If anesthesia time extends beyond three hours, 1.0 unit for each 10 minutes or significant fraction thereof (5 minutes or more) is allowed after the first three hours. Documentation of actual anesthesia time may be required, such as a copy of the anesthesia record in the hospital file.

5. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the values used should be substantiated "By Special Report." For an unlisted service or procedure, the health care provider or anesthetist shall establish a unit value consistent with other unit values listed in the schedule.

6. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider or anesthetist (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

7. **SUPPLEMENTAL SKILLS:** When warranted by the necessity of supplemental skills, values for the services of two or more health care providers and/or anesthetists will be allowed. Substantiate by report.

8. **MONITORING SERVICES:** When an anesthesiologist or anesthetist is required to participate in and be responsible for monitoring the general care of the patient during a surgical procedure but does not administer anesthesia, these services are charged on the basis of the extent of the services rendered. Payment is to be made on the basis of the time units the anesthesiologist or anesthetist is in constant attendance for the sole purpose of the monitoring services; therefore, basic unit values are not to be added.

9. **ANESTHESIA ADMINISTERED, OTHER THAN BY AN ANESTHESIOLOGIST OR ANESTHETIST:** Anesthesia fees are not payable when local infiltration, digital block, or topical anesthesia is administered by the operating surgeon or surgical assistants. Such services are included in the Unit Value for the surgical procedure.

10. **OTHER FEES:** The Unit Values for surgery, x-rays, laboratory procedures, consultation and other medical services, and office and hospital visits are listed in the following sections: Surgery, Radiology, Pathology and Laboratory, Medicine, Physical Medicine and Rehabilitation, and Evaluation and Management. A consultation fee is not payable to an anesthesiologist examining the patient prior to administering anesthesia to that patient. No additional charge is to be made for routine follow-up care and observation.

11. **QUALIFYING CIRCUMSTANCES (more than one may be reported):** Many anesthesia services are provided under particularly difficult circumstances depending on factors such as the extraordinary condition of the patient, notable operative conditions, unusual risk factors. This section includes a list of important qualifying circumstances that significantly impact on the character of the anesthetic service provided. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service. These modifying units may be added to the basic unit values.

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ANESTHESIA GROUND RULES

CPT Code		Unit Values
99100	Anesthesia for a patient of extreme age, under one year or over seventy (List separately in addition to code for primary anesthesia procedure)	1
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure	5
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure	5
99140	Anesthesia complicated by emergency* conditions (specify) (List separately in addition to code for primary anesthesia procedure	2

***** An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.

12. COST CONTAINMENT: Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A 44-510i(e) for further clarification, if necessary.

CALCULATION EXAMPLES:

1: In a procedure with a Basic Unit Value of 3.0 requiring one hour and forty-five minutes of anesthesia time, the total value should be determined as follows:

Basic Unit Value	= 3.0 units
105 minutes÷15 minutes	= 7.0 units
Total value	= 10.0 units

2: In a procedure with a Basic Unit Value of 10.0 requiring four hours and twenty minutes of anesthesia time, the total value should be determined as follows:

Basic Unit Value	= 10.0 units
First three hours	= 12.0 units
Subsequent 80 minutes	= 8.0 units
Total value	= 30.0 units

In both cases, the Maximum Allowable Fee is determined by multiplying the total value units by the Conversion Factor. In billing, list the Basic Unit Value (showing the procedure code and all modifiers) and Time Units separately, as in the following:

Procedure code + Modifier(s)	= Basic Unit Value
Anesthesia Time	= Time Units
Total value	= Total units

Total units x Conversion Factor = Maximum Allowable Fee

The relative value units for the anesthesia services were excerpted from the 2005 Relative Value Guide, copyright 2004) with permission by the American Society of Anesthesiologists.

CONVERSION FACTOR = $48.75

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ANESTHESIA

(CONVERSION FACTOR = $48.75)

CODE	BASIC UNIT VALUE	CODE	BASIC UNIT VALUE	CODE	BASIC UNIT VALUE
00100	5+TM	00528	8+TM	00840	6+TM
00102	6+TM	00529	11+TM	00842	4+TM
00103	5+TM	00530	4+TM	00844	7+TM
00104	4+TM	00532	4+TM	00846	8+TM
00120	5+TM	00534	7+TM	00848	8+TM
00124	4+TM	00537	10+TM	00851	6+TM
00126	4+TM	00539	18+TM	00860	6+TM
00140	5+TM	00540	12+TM	00862	7+TM
00142	6+TM	00541	15+TM	00864	8+TM
00144	6+TM	00542	15+TM	00865	7+TM
00145	6+TM	00546	15+TM	00866	10+TM
00147	6+TM	00548	17+TM	00868	10+TM
00148	4+TM	00550	10+TM	00870	5+TM
00160	5+TM	00560	15+TM	00872	7+TM
00162	7+TM	00561	25+TM	00873	5+TM
00164	4+TM	00562	20+TM	00880	15+TM
00170	5+TM	00563	25+TM	00882	10+TM
00172	6+TM	00566	25+TM	00902	5+TM
00174	6+TM	00580	20+TM	00904	7+TM
00176	7+TM	00600	10+TM	00906	4+TM
00190	5+TM	00604	13+TM	00908	6+TM
00192	7+TM	00620	10+TM	00910	3+TM
00210	11+TM	00622	13+TM	00912	5+TM
00212	5+TM	00630	8+TM	00914	5+TM
00214	9+TM	00632	7+TM	00916	5+TM
00215	9+TM	00634	10+TM	00918	5+TM
00216	15+TM	00635	4+TM	00920	3+TM
00218	13+TM	00640	3+TM	00921	3+TM
00220	10+TM	00670	13+TM	00922	6+TM
00222	6+TM	00700	4+TM	00924	4+TM
00300	5+TM	00702	4+TM	00926	4+TM
00320	6+TM	00730	5+TM	00928	6+TM
00322	3+TM	00740	5+TM	00930	4+TM
00326	8+TM	00750	4+TM	00932	4+TM
00350	10+TM	00752	6+TM	00934	6+TM
00352	5+TM	00754	7+TM	00936	8+TM
00400	3+TM	00756	7+TM	00938	4+TM
00402	5+TM	00770	15+TM	00940	3+TM
00404	5+TM	00790	7+TM	00942	4+TM
00406	13+TM	00792	13+TM	00944	6+TM
00410	4+TM	00794	8+TM	00948	4+TM
00450	5+TM	00796	30+TM	00950	5+TM
00452	6+TM	00797	10+TM	00952	4+TM
00454	3+TM	00800	4+TM	01112	5+TM
00470	6+TM	00802	5+TM	01120	6+TM
00472	10+TM	00810	5+TM	01130	3+TM
00474	13+TM	00820	5+TM	01140	15+TM
00500	15+TM	00830	4+TM	01150	10+TM
00520	6+TM	00832	6+TM	01160	4+TM
00522	4+TM	00834	5+TM	01170	8+TM
00524	4+TM	00836	6+TM	01173	12+TM

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ANESTHESIA

(CONVERSION FACTOR = $48.75)

CODE	BASIC UNIT VALUE
01180	3+TM
01190	4+TM
01200	4+TM
01202	4+TM
01210	6+TM
01212	10+TM
01214	8+TM
01215	10+TM
01220	4+TM
01230	6+TM
01232	5+TM
01234	8+TM
01250	4+TM
01260	3+TM
01270	8+TM
01272	4+TM
01274	6+TM
01320	4+TM
01340	4+TM
01360	5+TM
01380	3+TM
01382	3+TM
01390	3+TM
01392	4+TM
01400	4+TM
01402	7+TM
01404	5+TM
01420	3+TM
01430	3+TM
01432	6+TM
01440	8+TM
01442	8+TM
01444	8+TM
01462	3+TM
01464	3+TM
01470	3+TM
01472	5+TM
01474	5+TM
01480	3+TM
01482	4+TM
01484	4+TM
01486	7+TM
01490	3+TM
01500	8+TM
01502	6+TM
01520	3+TM
01522	5+TM
01610	5+TM
01620	4+TM
01622	4+TM
01630	5+TM

CODE	BASIC UNIT VALUE
01632	6+TM
01634	9+TM
01636	15+TM
01638	10+TM
01650	6+TM
01652	10+TM
01654	8+TM
01656	10+TM
01670	4+TM
01680	3+TM
01682	4+TM
01710	3+TM
01712	5+TM
01714	5+TM
01716	5+TM
01730	3+TM
01732	3+TM
01740	4+TM
01742	5+TM
01744	5+TM
01756	6+TM
01758	5+TM
01760	7+TM
01770	6+TM
01772	6+TM
01780	3+TM
01782	4+TM
01810	3+TM
01820	3+TM
01829	3+TM
01830	3+TM
01832	6+TM
01840	6+TM
01842	6+TM
01844	6+TM
01850	3+TM
01852	4+TM
01860	3+TM
01905	5+TM
01916	5+TM
01920	7+TM
01922	7+TM
01924	6+TM
01925	8+TM
01926	10+TM
01930	5+TM
01931	7+TM
01932	7+TM
01933	8+TM
01951	3+TM
01952	5+TM

CODE	BASIC UNIT VALUE
01953	1
01958	5+TM
01960	5+TM
01961	7+TM
01962	8+TM
01963	10+TM
01964	4+TM
01967	5+TM
01968	3+TM
01969	5+TM
01990	7+TM
01991	3+TM
01992	5+TM
01995	5
01996	3
01999	I.C.*

* Individual Consideration

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SURGERY GROUND RULES

1. **PACKAGE OR GLOBAL FEE CONCEPT:** Listed surgical procedures include the surgery itself, local anesthesia, metacarpal/digital block, or topical anesthesia when used, and normal, uncomplicated follow-up care. The Unit Values for all procedures in this section applies to this "package" or "global" service for surgical procedures. To report a postoperative follow-up for documentation purposes only, use 99024 (see Special Services and Reports Section). For preoperative visits, see Ground Rules 3 and 4 below; see the respective Anesthesia Ground Rule pertaining to anesthesia administered by other than an anesthesiologist or anesthetist.

2. **OPERATIVE REPORT AND BILLING:** A bill for an operative procedure shall be deemed properly submitted **only if** an operative report or an informative description of the surgery performed is received by the payer. If surgery was performed in a hospital or an ambulatory surgery center, a copy of the hospital's or ambulatory surgery center's operative report will suffice. If surgery was performed at some other site and classified as minor surgery, such as at a physician's office, identify the (geographic) location and submit an informative description of the surgery performed.

3. **IMMEDIATE PREOPERATIVE VISITS AND OTHER SERVICES BY THE SURGEON:** Under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere that is necessary to examine the patient, or to initiate the treatment program, is included in the Unit Value listed for the surgical procedure.

4. **SEPARATE PREOPERATIVE CHARGES:** Charges for separate preoperative procedures are sometimes warranted and may be billed under the following circumstances:

   a) when the preoperative visit is the initial visit (e.g., an emergency) and prolonged detention or evaluation is required to prepare the patient, or to establish the need for and type of surgical procedure.

   b) when the preoperative visit is an initial consultation, as defined in the Medicine Section of this manual.

   c) when procedures not usually part of the basic surgical procedure (e.g., myelography prior to laminectomy, bronchoscopy prior to chest surgery) are provided during the immediate preoperative visit.

5. **FOLLOW-UP CARE FOR DIAGNOSTIC PROCEDURES:** Follow-up care for diagnostic procedures (e.g., endoscopy, injection procedures for radiography) includes only that care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or of other concomitant conditions is not included and may be billed separately.

6. **MULTIPLE OR BILATERAL PROCEDURES:** Multiple <u>related</u> procedures shall not warrant an additional fee except in those subsections of the listings where separate codes are given. When more than one identifiable surgical procedure or service is rendered, an additional fee may be warranted. Identify each procedure and bill at full value for the **major** procedure and at 50% for the lesser procedure, up to a total maximum of twice the greater fee (e.g., unsuccessful closed reduction of a fracture followed on a different day by open reduction).

   When multiple procedures, <u>unrelated</u> to the major procedure and adding significant time or complexity are provided at the same operative session, payment is for the procedure with the highest allowance, plus half of the lesser procedure up to a total maximum allowance of twice the highest fee.

   When bilateral procedures are performed that require preparation of separate operative sites (e.g., bilateral carpal tunnel), payment for the second (or bilateral) procedure is to be reimbursed at 75% of the primary procedure.

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MULTIPLE/BILATERAL EXAMPLES:

Related Procedures.

a) Open reduction of a fracture: the excision of a previous scar, the incision of fascia and muscle, the identification and retraction of nerves, muscles, and area structures, and the closure of the wound (irrespective of type of closure) are all related to the principal procedure of the bone repair and merit **no** additional fee.

b) Repair of a tendon: the skin incision and linear closure, as well as the identification, incision and retraction of adjacent or overlying structures are related to the principal procedure and merit **no** additional fee.

Unrelated Procedures.

a) Multiple lacerations of an area such as the face: an additional fee may be warranted when such lacerations are not continuous.

b) Closure of an incision or laceration incidental to the repair of deeper structures such as nerves, tendons, etc., does **not** merit an additional fee irrespective of the method of closure.

7. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*).**

8. **CODES THAT ARE NOT CLASSIFIED AS ADD-ON CODES BUT ARE EXEMPT FROM THE MULTIPLE PROCEDURE RULE / MODIFIER -51:** For a complete list of the codes which fall into this category, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*).**

9. **CODES WHICH INCLUDE CONSCIOUS SEDATION:** Certain codes include conscious sedation as an inherent part of providing the procedure. For a complete list of codes that include conscious sedation, refer to the appropriate appendix that is found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*).**

10. **FOLLOW-UP OR AFTERCARE:** Follow-up care for therapeutic surgical procedures includes all normal postoperative care, that care which is usually a part of the surgical service. Complications, exacerbations, recurrence of the condition, or the presence of other diseases or injuries requiring additional services concurrent with the procedure may warrant additional charges. If such separate charges are made, explain by report with an adequate description. When an additional surgical procedure is performed during any follow-up care and is related to the previously performed procedure but is not an intrinsic part of the latter, the additional procedure will be paid at one-half the maximum allowable payment.

The column headed "FUD" reflects the amount of days that would be applicable for the particular type of surgical procedure and/or service provided. Note that some procedures show the "FUD" as being XXX, YYY, or ZZZ. The following definitions, which correspond with the Medicare Fee Schedule, are incorporated within this fee schedule:

XXX = Reflects that the global surgery concept does not apply to these codes.

YYY = Reflects that the global period (FUD's) are to be set by the carrier.

ZZZ = Reflects that the codes are an add-on service and are to be treated in the global period (FUD's) of the other procedures that are billed in conjunction with the ZZZ code.

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SURGERY GROUND RULES

11. SEPARATE PROCEDURE: Some of the procedures or services listed are commonly carried out as an integral component of a total service or procedure and are identified by the inclusion of the term “separate procedure.” The codes designated as “separate procedure” should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific “separate procedure” code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

12. PRIMARY, SECONDARY, OR DELAYED PROCEDURES: A **primary** procedure is one that is attempted or performed for the first time, irrespective of the relationship to the date of injury or the onset of the condition being treated. **Secondary** refers to a procedure performed when a condition has been previously treated. For example, where a tendon is lacerated and it is elected to close the laceration without suturing the tendon, the first direct repair of the tendon would constitute a delayed but primary repair. In this example, if the first repair is unsuccessful, any subsequent repair of the tendon would be a secondary procedure. Secondary procedures lie within the content of service. **Delayed** procedures have the same Maximum Allowable Fee as the primary procedures.

13. PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE: "BR" in the Unit Value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the skill and equipment necessary, etc., using any of the following as indicated:

- Diagnosis (postoperative), pertinent history, and physical findings
- Size, location, and number of lesions or procedures where appropriate
- Major surgical procedure accompanied by an additional procedure
- The closest similar procedure by code number and the associated Unit Value, if possible
- Operative time

14. UNLISTED SERVICE OR PROCEDURE: When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

15. CONCURRENT SERVICES BY MORE THAN ONE HEALTH CARE PROVIDER: Charges for concurrent services of two or more health care providers may be warranted under the following circumstances:

a) Identifiable medical services: Services provided prior to or during the surgical procedure or in the postoperative period are to be charged by the health care provider rendering the service, identified by the appropriate code. Payable fees under this category are unrelated to the surgeon's fee.

b) Assistant surgeon: Identify the surgery performed by using the respective code number along with the appropriate modifier (-80, -81, or -82) and bill at 25% of the code fee. The code number must coincide with that of the primary surgeon. Assistant surgeon fees are not payable when the hospital provides an intern or a resident staff to assist at surgery.

c) Two surgeons: Under certain circumstances, the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. Identify the surgery performed by using the respective code number along with modifier -62. **The total allowable fee may be increased by 25% in lieu of an assistant surgeon’s fee.** If the physicians have agreed upon a payment distribution and that agreement is documented and explained in conjunction with the bill, payment is to be made in accordance with the percentage agreed upon.

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In the absence of a prior agreement, the total allowable fee will be divided equally between the two surgeons.

d) Surgical team: Under some circumstances, highly complex procedures (e.g., open heart or organ transplant surgery) may require the concurrent services of several health care providers, often of different specializations and using various types of complex equipment. These types of services vary widely and a single unit value cannot be assigned. The amount charged should be supported by a narrative report to include itemization of the health care provider, paramedical personnel, and equipment involved. Modifier -66 should be used in this type of situation.

16. **SURGERY AND FOLLOW-UP CARE PROVIDED BY DIFFERENT HEALTH CARE PROVIDERS:** When one health care provider performs the surgical procedure and another provides the follow-up care, the value may be apportioned between them by agreement. Whether the amount charged is for the procedure, or the follow-up care should be clearly indicated. The "global fee" is not to be increased, but prorated between the health care providers.

17. **REPEAT PROCEDURE BY ANOTHER HEALTH CARE PROVIDER:** A basic procedure performed by one health care provider may have to be repeated by another. Identify and submit an explanatory note. (See modifier -77.)

18. **PRORATION OF SCHEDULED FEE:** When the schedule specifies a unit value for a definite treatment and the patient is transferred from one health care provider to another, the applicable Unit Value is to be apportioned between the health care providers. The providers involved shall agree upon the amount of the proration, and shall render separate bills accordingly with an explanatory note.

19. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider (e.g., sterile trays, drugs) over and above those included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

20. **SURGICAL IMPLANTABLES**: Reimbursement for any single surgical implantable item (e.g. rods, pins, screws, plates, prosthetic joint replacements) and which is made of plastic, metallic, or of autogenous/non-autogenous graft material that reflects a charge of $250.00 or more, is to be determined by cost to the provider plus a 50% markup above the invoice cost. A copy of the invoice (date of purchase within twelve months of implantation) must be submitted with the bill.

21. **SURGICAL ASSISTANT:** Non-physician surgical assistants such as physician assistants or registered nurses, who are either certified or licensed by the Kansas State Board of Healing Arts, the Kansas State Board of Nursing, or some other comparable State licensing agency, may bill at 10% of the code fee. The code(s) must coincide with those of the primary surgeon who must be identified as the responsible physician. Such services are to be identified by adding modifier -NP to the procedure code. (See modifier -NP).

    Additionally, bills for any surgical services provided by non-physicians such as physician assistants or registered nurses must be submitted on the CMS 1500 or an equivalent form containing the same information. The form must also clearly identify the responsible physician.

22. **OTHER FEES:** The Unit Values for anesthesia, x-rays, laboratory procedures, consultation and other medical services, and office and hospital visits are listed in the following sections: Anesthesia, Radiology, Pathology and Laboratory, Medicine, Physical Medicine and Rehabilitation, and Evaluation and Management.

23. **MEASUREMENTS:** When listed with a described procedure, measurements pertain to the **original wounds or defects** before any treatment is effected. The allowable charge includes creation of any additional defect. The necessary preparations for repair do **not** merit an additional charge. The depth of a wound is not a factor in the measurements when the described procedure is stated in terms of length or area.

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SURGERY GROUND RULES

24. **PROFESSIONAL/TECHNICAL COMPONENTS:** When the professional and technical components are furnished by different providers **(inclusive of hospitals and ambulatory surgical centers)**, the professional component and the technical component shall be identified by adding either modifier -26 or modifier -TC to the usual procedure number. For surgical procedures, the unit value for the professional component is 60% of the total unit value, and the unit value for the technical component is 40% of the total unit value for the procedure code submitted. See Appendix A - Modifiers for the listing of the modifiers.

    Additionally, and except for outpatient services, hospitals and ambulatory surgical centers will continue to be reimbursed at their usual and customary charge less the specified discount as contained within the Hospital/Ambulatory Surgical Center Section of the fee schedule. However, hospitals and ambulatory surgical centers need to amend their billing process to specify, by use of modifiers, when only the technical component or the professional component was provided.

25. **MODIFIERS:** Procedure codes for surgery may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.

26. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $67.95

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SURGERY

(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
10021	XXX	3.52
10022	XXX	3.89
10040	10	2.25
10060	10	2.50
10061	10	4.48
10080	10	4.38
10081	10	6.77
10120	10	3.51
10121	10	6.52
10140	10	3.49
10160	10	2.94
10180	10	5.56
11000	00	1.25
11001	ZZZ	0.56
11004	00	14.88
11005	00	20.27
11006	00	18.74
11008	ZZZ	7.63
11010	10	11.66
11011	00	13.80
11012	00	20.09
11040	00	1.08
11041	00	1.58
11042	00	2.22
11043	10	6.05
11044	10	7.91
11055	00	1.04
11056	00	1.32
11057	00	1.63
11100	00	2.10
11101	ZZZ	0.76
11200	10	1.86
11201	ZZZ	0.47
11300	00	1.53
11301	00	2.01
11302	00	2.40
11303	00	2.89
11305	00	1.59
11306	00	2.17
11307	00	2.51
11308	00	2.99
11310	00	1.89
11311	00	2.34
11312	00	2.68
11313	00	3.52
11400	10	2.91
11401	10	3.38
11402	10	3.86
11403	10	4.35
11404	10	4.97
11406	10	6.14
11420	10	2.84
11421	10	3.61

CODE	FUD	UNIT VALUE
11422	10	4.03
11423	10	4.79
11424	10	5.48
11426	10	7.67
11440	10	3.34
11441	10	3.94
11442	10	4.41
11443	10	5.41
11444	10	6.90
11446	10	8.94
11450	42	8.10
11451	42	11.05
11462	42	7.92
11463	42	11.27
11470	42	8.70
11471	42	11.65
11600	10	4.04
11601	10	4.62
11602	10	4.90
11603	10	5.42
11604	10	5.97
11606	10	7.84
11620	10	3.88
11621	10	4.58
11622	10	5.19
11623	10	6.14
11624	10	7.07
11626	10	9.36
11640	10	4.10
11641	10	5.34
11642	10	6.18
11643	10	7.15
11644	10	9.07
11646	10	12.29
11719	00	0.44
11720	00	0.70
11721	00	1.05
11730	00	2.30
11732	ZZZ	1.08
11740	00	0.96
11750	10	4.24
11752	10	6.01
11755	00	3.03
11760	10	4.40
11762	10	6.13
11765	10	2.55
11770	10	6.40
11771	42	12.10
11772	42	15.35
11900	00	1.20
11901	00	1.49
11920	00	5.54
11921	00	6.17

CODE	FUD	UNIT VALUE
11922	ZZZ	1.70
11950	00	2.04
11951	00	2.79
11952	00	3.70
11954	00	4.53
11960	42	20.74
11970	42	14.21
11971	42	11.54
11975	XXX	3.07
11976	00	3.71
11977	XXX	5.94
11980	00	2.69
11981	XXX	3.30
11982	XXX	3.89
11983	XXX	5.82
12001	10	3.84
12002	10	4.08
12004	10	4.78
12005	10	5.96
12006	10	7.43
12007	10	8.37
12011	10	4.06
12013	10	4.45
12014	10	5.26
12015	10	6.62
12016	10	7.85
12017	10	7.08
12018	10	8.38
12020	10	6.74
12021	10	3.89
12031	10	4.61
12032	10	6.48
12034	10	6.37
12035	10	8.99
12036	10	10.11
12037	10	11.37
12041	10	5.11
12042	10	6.19
12044	10	6.64
12045	10	9.29
12046	10	11.25
12047	10	11.54
12051	10	5.94
12052	10	6.18
12053	10	6.60
12054	10	7.31
12055	10	9.35
12056	10	12.55
12057	10	12.62
13100	10	7.44
13101	10	8.85
13102	ZZZ	2.54
13120	10	7.72

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SURGERY

(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
13121	10	9.46
13122	ZZZ	3.10
13131	10	8.42
13132	10	12.19
13133	ZZZ	4.03
13150	10	9.01
13151	10	9.56
13152	10	12.77
13153	ZZZ	4.56
13160	42	19.11
14000	42	14.32
14001	42	18.70
14020	42	15.83
14021	42	20.85
14040	42	17.31
14041	42	22.82
14060	42	17.95
14061	42	24.64
14300	42	24.03
14350	42	18.06
15000	00	8.26
15001	ZZZ	2.49
15050	42	11.76
15100	42	22.87
15101	ZZZ	5.69
15120	42	21.69
15121	ZZZ	7.52
15200	42	18.39
15201	ZZZ	4.06
15220	42	17.87
15221	ZZZ	3.67
15240	42	20.17
15241	ZZZ	4.52
15260	42	20.96
15261	ZZZ	5.13
15342	10	2.96
15343	ZZZ	0.37
15350	42	10.94
15351	ZZZ	1.50
15400	42	8.46
15401	ZZZ	3.03
15570	42	21.77
15572	42	19.93
15574	42	21.73
15576	42	19.30
15600	42	9.77
15610	42	7.45
15620	42	11.07
15630	42	10.64
15650	42	11.52
15732	42	37.82
15734	42	38.41
15736	42	36.86

CODE	FUD	UNIT VALUE
15738	42	38.47
15740	42	21.04
15750	42	21.83
15756	42	60.30
15757	42	60.68
15758	42	60.84
15760	42	19.60
15770	42	15.22
15775	00	8.70
15776	00	11.60
15780	42	19.47
15781	42	12.09
15782	42	14.50
15783	42	11.43
15786	10	5.51
15787	ZZZ	1.46
15788	42	8.93
15789	42	13.21
15792	42	9.08
15793	42	10.22
15810	42	9.12
15811	42	11.67
15819	42	17.52
15820	42	12.52
15821	42	13.51
15822	42	10.63
15823	42	15.39
15824	00	20.45
15825	00	23.38
15826	00	20.45
15828	00	54.04
15829	00	59.88
15831	42	22.25
15832	42	21.55
15833	42	20.25
15834	42	20.12
15835	42	20.78
15836	42	17.43
15837	42	18.15
15838	42	13.78
15839	42	19.37
15840	42	24.54
15841	42	40.78
15842	42	65.70
15845	42	22.65
15850	XXX	2.39
15851	00	2.60
15852	00	2.79
15860	00	3.03
15876	00	BR
15877	00	BR
15878	00	BR
15879	00	BR

CODE	FUD	UNIT VALUE
15920	42	14.52
15922	42	18.50
15931	42	16.14
15933	42	20.17
15934	42	22.47
15935	42	26.92
15936	42	22.31
15937	42	26.03
15940	42	16.79
15941	42	22.50
15944	42	21.67
15945	42	24.10
15946	42	39.01
15950	42	13.95
15951	42	20.01
15952	42	20.71
15953	42	23.38
15956	42	28.43
15958	42	28.71
15999	YYY	BR
16000	00	1.83
16010	00	1.62
16015	00	3.81
16020	00	2.17
16025	00	3.80
16030	00	4.49
16035	42	5.77
16036	ZZZ	2.30
17000	10	1.60
17003	ZZZ	0.27
17004	10	5.22
17106	42	9.53
17107	42	17.01
17108	42	23.26
17110	10	2.32
17111	10	2.64
17250	00	1.77
17260	10	2.23
17261	10	2.83
17262	10	3.53
17263	10	3.92
17264	10	4.24
17266	10	4.96
17270	10	3.08
17271	10	3.32
17272	10	3.84
17273	10	4.34
17274	10	5.27
17276	10	6.32
17280	10	2.83
17281	10	3.69
17282	10	4.28
17283	10	5.30

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CODE	FUD	UNIT VALUE
17284	10	6.28
17286	10	8.36
17304	00	16.15
17305	00	6.86
17306	00	6.88
17307	00	6.53
17310	ZZZ	2.60
17340	10	1.18
17360	10	2.93
17380	00	1.99
17999	YYY	BR
19000	00	2.90
19001	ZZZ	0.71
19020	42	10.33
19030	00	4.48
19100	00	3.51
19101	10	8.06
19102	00	5.97
19103	00	15.48
19110	42	10.64
19112	42	10.20
19120	42	10.81
19125	42	11.62
19126	ZZZ	4.31
19140	42	12.97
19160	42	10.19
19162	42	21.61
19180	42	14.99
19182	42	13.51
19200	42	25.32
19220	42	25.95
19240	42	26.28
19260	42	28.64
19271	42	39.41
19272	42	43.42
19290	00	4.20
19291	ZZZ	1.88
19295	ZZZ	2.70
19296	00	129.38
19297	ZZZ	2.53
19298	00	48.59
19316	42	19.78
19318	42	29.63
19324	42	11.57
19325	42	16.26
19328	42	11.59
19330	42	14.82
19340	ZZZ	10.47
19342	42	21.89
19350	42	24.14
19355	42	18.73
19357	42	36.60
19361	42	34.52

CODE	FUD	UNIT VALUE
19364	42	70.61
19366	42	36.03
19367	42	46.33
19368	42	56.77
19369	42	52.62
19370	42	16.21
19371	42	18.75
19380	42	18.25
19396	00	3.55
19499	YYY	BR
20000	10	5.05
20005	10	7.34
20100	10	15.76
20101	10	9.56
20102	10	11.88
20103	10	14.58
20150	42	22.71
20200	00	4.70
20205	00	6.56
20206	00	7.56
20220	00	5.92
20225	00	26.54
20240	10	6.20
20245	10	15.57
20250	10	9.50
20251	10	10.81
20500	10	3.61
20501	00	3.71
20520	10	4.97
20525	10	13.12
20526	00	2.03
20550	00	1.54
20551	00	1.51
20552	00	1.43
20553	00	1.62
20600	00	1.39
20605	00	1.52
20610	00	1.84
20612	00	1.50
20615	10	5.99
20650	10	4.90
20660	00	6.11
20661	42	10.90
20662	42	12.14
20663	42	11.18
20664	42	16.77
20665	10	3.64
20670	10	13.55
20680	42	12.66
20690	42	6.60
20692	42	11.20
20693	42	12.27
20694	42	11.98

CODE	FUD	UNIT VALUE
20802	42	65.82
20805	42	89.04
20808	42	110.59
20816	42	73.17
20822	42	63.69
20824	42	72.00
20827	42	66.47
20838	42	64.74
20900	42	14.92
20902	42	15.70
20910	42	11.14
20912	42	12.84
20920	42	10.15
20922	42	14.85
20924	42	13.37
20926	42	11.08
20930	XXX	2.60
20931	ZZZ	3.16
20936	XXX	2.74
20937	ZZZ	4.78
20938	ZZZ	5.20
20950	00	8.29
20955	42	68.23
20956	42	70.76
20957	42	66.53
20962	42	71.89
20969	42	75.34
20970	42	74.93
20972	42	68.82
20973	42	76.41
20974	00	1.41
20975	00	4.81
20979	00	1.51
20982	00	117.50
20999	YYY	BR
21010	42	18.26
21015	42	10.97
21025	42	23.59
21026	42	13.30
21029	42	18.01
21030	42	11.33
21031	42	8.88
21032	42	9.04
21034	42	33.76
21040	42	11.41
21044	42	22.35
21045	42	30.03
21046	42	26.71
21047	42	34.26
21048	42	27.36
21049	42	32.56
21050	42	21.60
21060	42	20.20

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CODE	FUD	UNIT VALUE
21070	42	16.55
21076	10	27.71
21077	42	69.54
21079	42	46.86
21080	42	53.19
21081	42	48.33
21082	42	43.26
21083	42	40.91
21084	42	47.15
21085	10	18.49
21086	42	52.30
21087	42	51.58
21088	42	BR
21089	42	BR
21100	42	16.09
21110	42	15.41
21116	00	5.20
21120	42	16.10
21121	42	18.26
21122	42	18.20
21123	42	23.34
21125	42	66.59
21127	42	55.42
21137	42	18.86
21138	42	23.42
21139	42	26.83
21141	42	34.05
21142	42	33.97
21143	42	35.51
21145	42	36.62
21146	42	39.07
21147	42	38.62
21150	42	44.49
21151	42	53.49
21154	42	56.05
21155	42	64.90
21159	42	79.53
21160	42	77.93
21172	42	45.02
21175	42	55.70
21179	42	39.12
21180	42	43.98
21181	42	18.67
21182	42	54.08
21183	42	60.53
21184	42	65.77
21188	42	42.97
21193	42	31.97
21194	42	35.56
21195	42	33.65
21196	42	36.63
21198	42	28.28
21199	42	26.51

CODE	FUD	UNIT VALUE
21206	42	28.03
21208	42	33.63
21209	42	18.39
21210	42	36.35
21215	42	54.15
21230	42	20.07
21235	42	17.16
21240	42	28.31
21242	42	26.21
21243	42	41.37
21244	42	25.20
21245	42	27.43
21246	42	22.83
21247	42	42.75
21248	42	25.13
21249	42	36.67
21255	42	35.19
21256	42	29.63
21260	42	30.23
21261	42	59.06
21263	42	50.06
21267	42	40.32
21268	42	48.27
21270	42	22.58
21275	42	20.66
21280	42	12.36
21282	42	8.22
21295	42	4.22
21296	42	9.49
21299	YYY	BR
21300	00	3.20
21310	00	2.92
21315	10	5.88
21320	10	5.94
21325	42	12.69
21330	42	15.65
21335	42	18.96
21336	42	15.88
21337	42	9.10
21338	42	21.26
21339	42	22.93
21340	42	20.29
21343	42	29.89
21344	42	38.53
21345	42	18.91
21346	42	23.98
21347	42	30.31
21348	42	30.24
21355	10	10.33
21356	10	11.72
21360	42	13.10
21365	42	27.43
21366	42	31.55

CODE	FUD	UNIT VALUE
21385	42	18.39
21386	42	17.20
21387	42	19.70
21390	42	18.83
21395	42	23.14
21400	42	4.15
21401	42	11.63
21406	42	13.80
21407	42	16.41
21408	42	22.67
21421	42	15.15
21422	42	17.38
21423	42	20.94
21431	42	17.26
21432	42	17.47
21433	42	44.46
21435	42	31.88
21436	42	49.28
21440	42	10.17
21445	42	15.88
21450	42	10.66
21451	42	14.81
21452	42	15.27
21453	42	17.00
21454	42	13.52
21461	42	33.51
21462	42	38.64
21465	42	23.19
21470	42	29.28
21480	42	2.44
21485	42	12.70
21490	42	23.47
21493	42	1.94
21494	42	10.38
21495	42	14.56
21497	42	12.80
21499	YYY	BR
21501	42	10.66
21502	42	13.72
21510	42	12.16
21550	10	5.81
21555	42	10.39
21556	42	10.32
21557	42	15.30
21600	42	13.57
21610	42	26.21
21615	42	17.98
21616	42	21.89
21620	42	13.71
21627	42	14.09
21630	42	31.71
21632	42	31.78
21685	42	24.01

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CODE	FUD	UNIT VALUE
21700	42	11.07
21705	42	16.60
21720	42	9.01
21725	42	13.62
21740	42	27.35
21742	42	24.87
21743	42	32.74
21750	42	18.41
21800	42	2.39
21805	42	6.33
21810	42	12.76
21820	42	3.25
21825	42	14.86
21899	YYY	BR
21920	10	5.49
21925	42	10.24
21930	42	11.34
21935	42	29.94
22100	42	19.32
22101	42	19.24
22102	42	19.59
22103	ZZZ	3.96
22110	42	24.58
22112	42	24.50
22114	42	24.53
22116	ZZZ	3.96
22210	42	44.54
22212	42	36.39
22214	42	37.05
22216	ZZZ	10.44
22220	42	39.98
22222	42	36.05
22224	42	39.75
22226	ZZZ	10.35
22305	42	4.71
22310	42	5.89
22315	42	20.30
22318	42	39.99
22319	42	44.60
22325	42	34.10
22326	42	36.51
22327	42	35.41
22328	ZZZ	7.79
22505	10	3.11
22520	10	71.98
22521	10	65.63
22522	ZZZ	6.67
22532	42	42.85
22533	42	39.61
22534	ZZZ	10.20
22548	42	47.12
22554	42	35.26
22556	42	42.22

CODE	FUD	UNIT VALUE
22558	42	38.47
22585	ZZZ	9.49
22590	42	38.43
22595	42	36.46
22600	42	30.94
22610	42	30.84
22612	42	39.53
22614	ZZZ	11.14
22630	42	39.00
22632	ZZZ	9.02
22800	42	34.64
22802	42	56.50
22804	42	65.82
22808	42	47.31
22810	42	53.35
22812	42	57.96
22818	42	56.94
22819	42	64.03
22830	42	21.03
22840	ZZZ	21.72
22841	XXX	6.41
22842	ZZZ	21.71
22843	ZZZ	22.83
22844	ZZZ	28.30
22845	ZZZ	20.77
22846	ZZZ	21.60
22847	ZZZ	23.76
22848	ZZZ	10.31
22849	42	34.01
22850	42	18.50
22851	ZZZ	11.52
22852	42	17.64
22855	42	28.17
22899	YYY	BR
22900	42	9.76
22999	YYY	BR
23000	42	13.53
23020	42	18.00
23030	10	11.34
23031	10	11.04
23035	42	18.31
23040	42	18.61
23044	42	14.74
23065	10	4.95
23066	42	12.43
23075	10	6.37
23076	42	14.27
23077	42	28.56
23100	42	12.70
23101	42	11.84
23105	42	16.74
23106	42	12.62
23107	42	17.47

CODE	FUD	UNIT VALUE
23120	42	14.77
23125	42	18.53
23130	42	15.96
23140	42	13.14
23145	42	18.01
23146	42	16.28
23150	42	16.66
23155	42	20.44
23156	42	17.54
23170	42	13.92
23172	42	14.18
23174	42	19.49
23180	42	18.95
23182	42	18.00
23184	42	20.27
23190	42	14.57
23195	42	19.21
23200	42	22.56
23210	42	23.43
23220	42	27.79
23221	42	32.46
23222	42	43.57
23330	10	5.76
23331	42	15.40
23332	42	22.89
23350	00	4.52
23395	42	32.48
23397	42	30.13
23400	42	25.86
23405	42	16.70
23406	42	20.93
23410	42	23.94
23412	42	25.44
23415	42	19.65
23420	42	26.39
23430	42	19.77
23440	42	20.51
23450	42	25.51
23455	42	27.24
23460	42	29.35
23462	42	28.60
23465	42	29.72
23466	42	27.99
23470	42	32.29
23472	42	39.07
23480	42	21.85
23485	42	25.60
23490	42	21.99
23491	42	27.35
23500	42	5.24
23505	42	8.68
23515	42	15.22
23520	42	5.33

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CODE	FUD	UNIT VALUE
23525	42	8.57
23530	42	14.43
23532	42	16.35
23540	42	5.36
23545	42	7.78
23550	42	14.82
23552	42	17.21
23570	42	5.59
23575	42	9.49
23585	42	18.12
23600	42	7.94
23605	42	11.81
23615	42	19.77
23616	42	39.01
23620	42	6.39
23625	42	9.48
23630	42	15.22
23650	42	7.45
23655	42	9.38
23660	42	15.13
23665	42	10.48
23670	42	16.06
23675	42	13.83
23680	42	19.85
23700	10	5.12
23800	42	26.79
23802	42	29.43
23900	42	34.51
23920	42	26.86
23921	42	11.33
23929	YYY	BR
23930	10	9.67
23931	10	7.96
23935	42	13.01
24000	42	12.17
24006	42	18.53
24065	10	5.46
24066	42	14.89
24075	42	11.80
24076	42	12.07
24077	42	21.13
24100	42	10.22
24101	42	13.08
24102	42	16.16
24105	42	8.59
24110	42	15.28
24115	42	18.49
24116	42	22.89
24120	42	13.65
24125	42	15.10
24126	42	16.48
24130	42	13.29
24134	42	20.19

CODE	FUD	UNIT VALUE
24136	42	16.58
24138	42	17.14
24140	42	19.77
24145	42	16.86
24147	42	17.40
24149	42	28.10
24150	42	25.49
24151	42	29.65
24152	42	19.25
24153	42	17.83
24155	42	22.01
24160	42	15.98
24164	42	13.01
24200	10	5.36
24201	42	15.02
24220	00	5.03
24300	42	10.07
24301	42	19.94
24305	42	15.28
24310	42	12.49
24320	42	19.79
24330	42	19.05
24331	42	21.06
24332	42	15.44
24340	42	16.19
24341	42	17.14
24342	42	20.90
24343	42	18.19
24344	42	27.83
24345	42	18.05
24346	42	27.63
24350	42	11.68
24351	42	12.82
24352	42	13.70
24354	42	13.69
24356	42	14.07
24360	42	23.80
24361	42	26.80
24362	42	27.59
24363	42	35.13
24365	42	16.99
24366	42	18.17
24400	42	21.75
24410	42	27.66
24420	42	26.11
24430	42	24.70
24435	42	26.25
24470	42	17.93
24495	42	18.01
24498	42	23.18
24500	42	8.54
24505	42	12.61
24515	42	22.99

CODE	FUD	UNIT VALUE
24516	42	22.73
24530	42	9.24
24535	42	15.85
24538	42	19.69
24545	42	20.68
24546	42	29.66
24560	42	7.69
24565	42	13.06
24566	42	17.23
24575	42	20.86
24576	42	8.06
24577	42	13.65
24579	42	22.39
24582	42	19.12
24586	42	29.00
24587	42	28.66
24600	42	9.55
24605	42	11.64
24615	42	18.81
24620	42	14.25
24635	42	29.47
24640	10	3.16
24650	42	6.27
24655	42	11.02
24665	42	17.02
24666	42	19.14
24670	42	7.04
24675	42	11.48
24685	42	17.81
24800	42	21.54
24802	42	26.31
24900	42	18.14
24920	42	18.05
24925	42	14.28
24930	42	19.09
24931	42	20.30
24935	42	25.68
24940	42	27.92
24999	YYY	BR
25000	42	10.77
25001	42	8.12
25020	42	16.40
25023	42	29.84
25024	42	18.27
25025	42	28.21
25028	42	14.17
25031	42	12.65
25035	42	22.14
25040	42	15.60
25065	10	5.37
25066	42	11.80
25075	42	10.13
25076	42	15.18

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
25077	42	23.19
25085	42	13.44
25100	42	9.74
25101	42	11.32
25105	42	14.05
25107	42	15.74
25110	42	11.57
25111	42	8.60
25112	42	10.47
25115	42	24.14
25116	42	21.34
25118	42	10.78
25119	42	14.56
25120	42	19.15
25125	42	21.37
25126	42	21.82
25130	42	12.47
25135	42	15.38
25136	42	13.58
25145	42	19.42
25150	42	16.44
25151	42	21.28
25170	42	27.91
25210	42	13.60
25215	42	17.82
25230	42	12.14
25240	42	12.91
25246	42	4.98
25248	42	14.34
25250	42	13.67
25251	42	18.73
25259	42	10.06
25260	42	22.27
25263	42	22.21
25265	42	25.65
25270	42	18.95
25272	42	20.91
25274	42	23.70
25275	42	17.38
25280	42	20.90
25290	42	21.08
25295	42	19.69
25300	42	18.50
25301	42	17.72
25310	42	22.37
25312	42	24.91
25315	42	26.14
25316	42	30.26
25320	42	23.72
25332	42	22.37
25335	42	26.35
25337	42	22.81
25350	42	24.17

CODE	FUD	UNIT VALUE
25355	42	26.48
25360	42	23.69
25365	42	30.15
25370	42	31.68
25375	42	31.68
25390	42	26.59
25391	42	32.38
25392	42	31.98
25393	42	36.16
25394	42	20.02
25400	42	27.88
25405	42	33.91
25415	42	31.98
25420	42	37.17
25425	42	36.38
25426	42	34.87
25430	42	17.84
25431	42	20.71
25440	42	21.42
25441	42	24.89
25442	42	21.24
25443	42	20.50
25444	42	21.85
25445	42	19.21
25446	42	30.90
25447	42	20.59
25449	42	27.31
25450	42	19.40
25455	42	21.29
25490	42	24.69
25491	42	25.99
25492	42	29.73
25500	42	6.35
25505	42	12.55
25515	42	18.18
25520	42	14.13
25525	42	24.21
25526	42	28.59
25530	42	6.17
25535	42	11.98
25545	42	18.04
25560	42	6.46
25565	42	13.21
25574	42	15.40
25575	42	21.70
25600	42	7.12
25605	42	13.98
25611	42	18.04
25620	42	17.21
25622	42	7.27
25624	42	11.55
25628	42	17.60
25630	42	7.49

CODE	FUD	UNIT VALUE
25635	42	11.03
25645	42	15.06
25650	42	7.79
25651	42	11.65
25652	42	15.79
25660	42	10.03
25670	42	16.16
25671	42	13.12
25675	42	10.89
25676	42	16.66
25680	42	11.46
25685	42	19.13
25690	42	11.85
25695	42	16.74
25800	42	20.38
25805	42	23.29
25810	42	22.09
25820	42	16.50
25825	42	19.89
25830	42	25.99
25900	42	22.84
25905	42	22.78
25907	42	20.65
25909	42	22.60
25915	42	38.84
25920	42	17.86
25922	42	15.58
25924	42	17.86
25927	42	21.73
25929	42	14.59
25931	42	20.41
25999	YYY	BR
26010	42	7.27
26011	42	11.32
26020	42	10.73
26025	42	10.68
26030	42	12.55
26034	42	13.54
26035	42	18.79
26037	42	14.68
26040	42	7.91
26045	42	12.11
26055	42	17.47
26060	42	6.76
26070	42	7.50
26075	42	8.07
26080	42	9.72
26100	42	8.29
26105	42	8.51
26110	42	8.09
26115	42	17.52
26116	42	12.35
26117	42	16.84

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
26121	42	15.65
26123	42	19.55
26125	ZZZ	7.74
26130	42	11.69
26135	42	14.47
26140	42	13.11
26145	42	13.32
26160	42	16.00
26170	42	10.40
26180	42	11.36
26185	42	12.06
26200	42	11.70
26205	42	15.77
26210	42	11.33
26215	42	14.37
26230	42	13.22
26235	42	12.93
26236	42	11.42
26250	42	15.04
26255	42	23.44
26260	42	14.18
26261	42	16.38
26262	42	11.87
26320	42	8.86
26340	42	7.76
26350	42	21.50
26352	42	24.15
26356	42	27.63
26357	42	25.52
26358	42	27.14
26370	42	23.31
26372	42	26.67
26373	42	25.42
26390	42	23.85
26392	42	28.48
26410	42	17.27
26412	42	20.53
26415	42	21.08
26416	42	24.74
26418	42	17.20
26420	42	21.45
26426	42	20.23
26428	42	22.14
26432	42	14.89
26433	42	16.05
26434	42	18.55
26437	42	18.27
26440	42	19.18
26442	42	25.27
26445	42	18.08
26449	42	23.81
26450	42	11.57
26455	42	11.48

CODE	FUD	UNIT VALUE
26460	42	11.13
26471	42	17.83
26474	42	17.45
26476	42	16.87
26477	42	17.00
26478	42	18.52
26479	42	18.20
26480	42	22.73
26483	42	25.04
26485	42	24.18
26489	42	22.79
26490	42	22.42
26492	42	24.61
26494	42	22.71
26496	42	24.25
26497	42	24.52
26498	42	32.23
26499	42	23.35
26500	42	18.28
26502	42	20.27
26504	42	21.28
26508	42	18.64
26510	42	17.55
26516	42	20.45
26517	42	23.72
26518	42	23.71
26520	42	19.97
26525	42	20.09
26530	42	13.85
26531	42	16.19
26535	42	9.68
26536	42	16.95
26540	42	19.27
26541	42	23.27
26542	42	19.82
26545	42	20.08
26546	42	25.37
26548	42	22.05
26550	42	41.22
26551	42	86.87
26553	42	71.28
26554	42	101.76
26555	42	37.25
26556	42	83.06
26560	42	16.01
26561	42	24.69
26562	42	34.34
26565	42	19.73
26567	42	19.79
26568	42	25.99
26580	42	34.06
26587	42	24.76
26590	42	34.61

CODE	FUD	UNIT VALUE
26591	42	13.34
26593	42	17.21
26596	42	19.14
26600	42	5.86
26605	42	7.86
26607	42	12.47
26608	42	12.47
26615	42	11.47
26641	42	8.90
26645	42	10.20
26650	42	13.33
26665	42	15.08
26670	42	8.32
26675	42	10.85
26676	42	13.08
26685	42	14.18
26686	42	16.06
26700	42	7.79
26705	42	10.12
26706	42	10.98
26715	42	12.15
26720	42	4.66
26725	42	8.59
26727	42	12.28
26735	42	12.45
26740	42	5.36
26742	42	9.39
26746	42	12.26
26750	42	4.39
26755	42	7.92
26756	42	10.80
26765	42	9.18
26770	42	6.73
26775	42	9.41
26776	42	11.55
26785	42	9.38
26820	42	22.76
26841	42	21.52
26842	42	22.92
26843	42	21.10
26844	42	23.40
26850	42	20.21
26852	42	22.55
26860	42	16.59
26861	ZZZ	2.93
26862	42	20.79
26863	ZZZ	6.56
26910	42	19.96
26951	42	15.43
26952	42	18.89
26989	YYY	BR
26990	42	15.85
26991	42	18.91

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
26992	42	25.51
27000	42	11.85
27001	42	14.24
27003	42	14.91
27005	42	19.13
27006	42	19.32
27025	42	21.48
27030	42	24.85
27033	42	25.58
27035	42	29.99
27036	42	25.07
27040	10	8.37
27041	42	17.82
27047	42	15.55
27048	42	11.94
27049	42	24.05
27050	42	9.37
27052	42	13.15
27054	42	17.33
27060	42	10.58
27062	42	11.47
27065	42	12.28
27066	42	20.48
27067	42	26.29
27070	42	21.54
27071	42	23.45
27075	42	59.65
27076	42	40.19
27077	42	68.67
27078	42	25.56
27079	42	25.16
27080	42	12.13
27086	10	6.65
27087	42	16.49
27090	42	21.82
27091	42	39.88
27093	42	5.88
27095	42	7.36
27096	42	5.85
27097	42	16.75
27098	42	16.79
27100	42	21.50
27105	42	22.61
27110	42	24.43
27111	42	23.18
27120	42	32.79
27122	42	28.56
27125	42	27.79
27130	42	36.84
27132	42	42.89
27134	42	51.15
27137	42	38.70
27138	42	40.32

CODE	FUD	UNIT VALUE
27140	42	23.68
27146	42	32.48
27147	42	37.34
27151	42	34.31
27156	42	44.76
27158	42	33.81
27161	42	31.65
27165	42	33.86
27170	42	30.11
27175	42	16.58
27176	42	23.24
27177	42	28.55
27178	42	22.45
27179	42	25.18
27181	42	26.42
27185	42	19.06
27187	42	26.18
27193	42	11.57
27194	42	18.91
27200	42	4.32
27202	42	24.95
27215	42	19.04
27216	42	27.42
27217	42	26.58
27218	42	34.97
27220	42	12.93
27222	42	24.75
27226	42	25.15
27227	42	42.79
27228	42	49.35
27230	42	11.90
27232	42	19.51
27235	42	23.67
27236	42	29.29
27238	42	11.52
27240	42	24.01
27244	42	29.94
27245	42	37.49
27246	42	9.96
27248	42	20.42
27250	42	12.17
27252	42	19.40
27253	42	24.88
27254	42	33.34
27256	10	8.07
27257	10	8.70
27258	42	28.87
27259	42	39.35
27265	42	10.44
27266	42	15.09
27275	10	4.75
27280	42	26.01
27282	42	21.17

CODE	FUD	UNIT VALUE
27284	42	42.06
27286	42	42.29
27290	42	40.63
27295	42	32.81
27299	YYY	BR
27301	42	17.55
27303	42	16.65
27305	42	12.07
27306	42	10.16
27307	42	12.20
27310	42	18.42
27315	42	13.00
27320	42	12.57
27323	10	6.03
27324	42	9.80
27327	42	11.07
27328	42	10.76
27329	42	25.23
27330	42	10.35
27331	42	12.39
27332	42	16.80
27333	42	15.22
27334	42	17.59
27335	42	19.93
27340	42	9.44
27345	42	12.52
27347	42	12.16
27350	42	16.80
27355	42	15.72
27356	42	18.92
27357	42	21.13
27358	ZZZ	8.07
27360	42	21.78
27365	42	30.66
27370	00	4.76
27372	42	15.90
27380	42	15.66
27381	42	21.17
27385	42	16.72
27386	42	21.86
27390	42	11.34
27391	42	14.95
27392	42	18.34
27393	42	13.27
27394	42	17.16
27395	42	23.05
27396	42	16.17
27397	42	22.11
27400	42	17.57
27403	42	16.93
27405	42	17.62
27407	42	20.29
27409	42	25.05

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
27412	42	42.36
27415	42	35.37
27418	42	21.60
27420	42	19.60
27422	42	19.57
27424	42	19.57
27425	42	11.63
27427	42	18.73
27428	42	27.60
27429	42	30.58
27430	42	19.32
27435	42	19.63
27437	42	17.17
27438	42	21.68
27440	42	18.20
27441	42	19.35
27442	42	22.85
27443	42	21.50
27445	42	33.05
27446	42	29.85
27447	42	39.79
27448	42	21.54
27450	42	26.92
27454	42	33.08
27455	42	24.90
27457	42	25.67
27465	42	26.52
27466	42	30.88
27468	42	34.56
27470	42	30.58
27472	42	33.39
27475	42	17.20
27477	42	19.28
27479	42	25.17
27485	42	17.75
27486	42	36.05
27487	42	46.11
27488	42	30.12
27495	42	29.60
27496	42	12.67
27497	42	13.73
27498	42	15.17
27499	42	17.27
27500	42	12.99
27501	42	12.71
27502	42	20.39
27503	42	20.65
27506	42	33.15
27507	42	26.17
27508	42	13.23
27509	42	16.99
27510	42	17.94
27511	42	27.15

CODE	FUD	UNIT VALUE
27513	42	34.84
27514	42	33.57
27516	42	12.49
27517	42	17.43
27519	42	29.12
27520	42	7.85
27524	42	19.93
27530	42	9.70
27532	42	15.89
27535	42	23.56
27536	42	29.92
27538	42	11.80
27540	42	24.81
27550	42	12.48
27552	42	16.17
27556	42	28.50
27557	42	32.75
27558	42	33.78
27560	42	9.05
27562	42	11.47
27566	42	23.63
27570	10	3.81
27580	42	37.41
27590	42	20.40
27591	42	23.25
27592	42	17.61
27594	42	13.09
27596	42	18.94
27598	42	19.14
27599	YYY	BR
27600	42	11.01
27601	42	11.28
27602	42	13.55
27603	42	13.13
27604	42	11.22
27605	10	10.96
27606	10	8.17
27607	42	15.42
27610	42	16.70
27612	42	14.53
27613	10	5.61
27614	42	13.55
27615	42	23.70
27618	42	11.78
27619	42	19.13
27620	42	12.38
27625	42	16.03
27626	42	17.29
27630	42	13.08
27635	42	15.80
27637	42	19.77
27638	42	20.63
27640	42	23.50

CODE	FUD	UNIT VALUE
27641	42	19.02
27645	42	28.55
27646	42	25.68
27647	42	21.57
27648	00	4.56
27650	42	18.76
27652	42	20.02
27654	42	18.70
27656	42	13.73
27658	42	10.31
27659	42	13.52
27664	42	9.88
27665	42	11.24
27675	42	14.01
27676	42	16.53
27680	42	11.77
27681	42	13.86
27685	42	14.75
27686	42	15.18
27687	42	12.54
27690	42	16.37
27691	42	19.34
27692	ZZZ	3.12
27695	42	13.41
27696	42	15.97
27698	42	17.76
27700	42	16.27
27702	42	26.46
27703	42	29.80
27704	42	14.46
27705	42	20.27
27707	42	10.04
27709	42	19.76
27712	42	27.42
27715	42	27.58
27720	42	23.18
27722	42	22.93
27724	42	33.65
27725	42	30.10
27727	42	26.74
27730	42	15.52
27732	42	11.01
27734	42	16.10
27740	42	18.88
27742	42	17.61
27745	42	19.92
27750	42	8.46
27752	42	13.46
27756	42	14.38
27758	42	22.83
27759	42	26.40
27760	42	8.14
27762	42	12.38

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
27766	42	16.99
27780	42	7.23
27781	42	10.59
27784	42	14.78
27786	42	7.73
27788	42	10.79
27792	42	15.91
27808	42	8.08
27810	42	12.16
27814	42	21.04
27816	42	7.68
27818	42	12.65
27822	42	23.50
27823	42	26.66
27824	42	7.38
27825	42	13.78
27826	42	18.81
27827	42	29.19
27828	42	32.90
27829	42	13.20
27830	42	8.69
27831	42	9.74
27832	42	13.62
27840	42	8.78
27842	42	12.29
27846	42	19.34
27848	42	22.77
27860	10	4.70
27870	42	26.75
27871	42	18.30
27880	42	20.69
27881	42	23.11
27882	42	16.69
27884	42	15.15
27886	42	17.20
27888	42	18.66
27889	42	17.88
27892	42	14.05
27893	42	13.89
27894	42	19.85
27899	YYY	BR
28001	10	6.05
28002	10	10.22
28003	42	15.76
28005	42	15.88
28008	42	9.57
28010	42	5.58
28011	42	8.02
28020	42	11.73
28022	42	10.48
28024	42	10.15
28030	42	10.55
28035	42	11.63

CODE	FUD	UNIT VALUE
28043	42	7.80
28045	42	10.71
28046	42	20.27
28050	42	9.73
28052	42	9.37
28054	42	8.62
28060	42	11.39
28062	42	13.86
28070	42	11.03
28072	42	10.76
28080	42	9.15
28086	42	13.50
28088	42	10.20
28090	42	10.13
28092	42	9.33
28100	42	14.41
28102	42	14.81
28103	42	12.01
28104	42	11.29
28106	42	12.55
28107	42	12.81
28108	42	9.27
28110	42	9.82
28111	42	11.95
28112	42	10.90
28113	42	11.46
28114	42	22.83
28116	42	15.57
28118	42	13.03
28119	42	11.50
28120	42	13.44
28122	42	15.09
28124	42	10.39
28126	42	8.17
28130	42	16.06
28140	42	15.04
28150	42	9.44
28153	42	8.43
28160	42	8.78
28171	42	16.34
28173	42	17.51
28175	42	12.48
28190	10	5.57
28192	42	10.69
28193	42	12.04
28200	42	10.29
28202	42	14.95
28208	42	9.75
28210	42	13.37
28220	42	9.76
28222	42	11.54
28225	42	8.40
28226	42	9.89

CODE	FUD	UNIT VALUE
28230	42	9.46
28232	42	8.35
28234	42	8.47
28238	42	16.02
28240	42	9.56
28250	42	12.36
28260	42	15.41
28261	42	21.89
28262	42	31.93
28264	42	19.60
28270	42	10.26
28272	42	8.44
28280	42	12.15
28285	42	10.04
28286	42	9.92
28288	42	11.31
28289	42	16.03
28290	42	12.72
28292	42	15.41
28293	42	21.02
28294	42	17.08
28296	42	18.52
28297	42	19.43
28298	42	16.19
28299	42	20.70
28300	42	18.09
28302	42	17.84
28304	42	18.36
28305	42	18.47
28306	42	13.52
28307	42	18.25
28308	42	11.72
28309	42	22.73
28310	42	11.86
28312	42	10.60
28313	42	11.00
28315	42	10.37
28320	42	17.30
28322	42	18.76
28340	42	14.26
28341	42	16.38
28344	42	10.51
28345	42	12.91
28360	42	26.08
28400	42	6.12
28405	42	10.11
28406	42	14.18
28415	42	31.86
28420	42	32.28
28430	42	5.78
28435	42	7.80
28436	42	11.39
28445	42	29.18

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
28450	42	5.29
28455	42	6.94
28456	42	7.27
28465	42	14.39
28470	42	5.40
28475	42	6.73
28476	42	8.89
28485	42	11.97
28490	42	3.24
28495	42	3.95
28496	42	10.94
28505	42	12.45
28510	42	2.75
28515	42	3.53
28525	42	11.30
28530	42	2.64
28531	42	9.95
28540	42	4.69
28545	42	5.16
28546	42	10.63
28555	42	17.23
28570	42	4.30
28575	42	7.59
28576	42	9.02
28585	42	16.53
28600	42	4.97
28605	42	6.23
28606	42	10.40
28615	42	17.09
28630	10	3.46
28635	10	4.19
28636	10	7.07
28645	42	9.74
28660	10	2.62
28665	10	3.60
28666	10	8.97
28675	42	10.51
28705	42	34.25
28715	42	24.97
28725	42	21.68
28730	42	20.90
28735	42	20.32
28737	42	17.89
28740	42	20.09
28750	42	20.31
28755	42	11.48
28760	42	16.77
28800	42	15.14
28805	42	15.19
28810	42	11.53
28820	42	12.56
28825	42	11.07
28899	YYY	BR

CODE	FUD	UNIT VALUE
29000	00	5.61
29010	00	5.79
29015	00	5.67
29020	00	5.57
29025	00	5.98
29035	00	5.66
29040	00	5.04
29044	00	6.44
29046	00	6.05
29049	00	2.31
29055	00	5.04
29058	00	3.03
29065	00	2.34
29075	00	2.15
29085	00	2.28
29086	00	1.65
29105	00	2.22
29125	00	1.68
29126	00	2.04
29130	00	1.03
29131	00	1.33
29200	00	1.41
29220	00	1.40
29240	00	1.61
29260	00	1.34
29280	00	1.34
29305	00	5.70
29325	00	6.23
29345	00	3.39
29355	00	3.48
29358	00	3.73
29365	00	3.04
29405	00	2.22
29425	00	2.39
29435	00	2.94
29440	00	1.34
29445	00	3.84
29450	00	3.82
29505	00	1.94
29515	00	1.69
29520	00	1.42
29530	00	1.40
29540	00	0.99
29550	00	0.95
29580	00	1.29
29590	00	1.36
29700	00	1.53
29705	00	1.70
29710	00	3.06
29715	00	2.21
29720	00	1.95
29730	00	1.68
29740	00	2.44

CODE	FUD	UNIT VALUE
29750	00	2.52
29799	YYY	BR
29800	42	14.37
29804	42	17.13
29805	42	12.55
29806	42	27.96
29807	42	27.23
29819	42	15.69
29820	42	14.48
29821	42	15.81
29822	42	15.38
29823	42	16.77
29824	42	17.18
29825	42	15.66
29826	42	18.05
29827	42	29.50
29830	42	12.05
29834	42	13.16
29835	42	13.46
29836	42	15.54
29837	42	14.17
29838	42	15.86
29840	42	11.68
29843	42	12.54
29844	42	13.22
29845	42	14.97
29846	42	13.85
29847	42	14.34
29848	42	11.90
29850	42	14.39
29851	42	25.19
29855	42	21.18
29856	42	27.17
29860	42	16.34
29861	42	18.03
29862	42	20.06
29863	42	19.82
29866	42	27.61
29867	42	32.98
29868	42	44.71
29870	42	10.78
29871	42	13.53
29873	42	13.59
29874	42	14.18
29875	42	13.23
29876	42	16.29
29877	42	15.34
29879	42	16.53
29880	42	17.31
29881	42	16.04
29882	42	17.36
29883	42	21.98
29884	42	15.28

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
29885	42	18.61
29886	42	15.67
29887	42	18.51
29888	42	26.46
29889	42	31.14
29891	42	17.28
29892	42	18.14
29893	42	12.14
29894	42	13.81
29895	42	13.55
29897	42	14.22
29898	42	15.77
29899	42	26.79
29900	42	12.20
29901	42	13.44
29902	42	14.35
29999	YYY	BR
30000	10	5.62
30020	10	4.82
30100	00	2.98
30110	10	5.01
30115	42	10.51
30117	42	16.56
30118	42	19.69
30120	42	12.27
30124	42	6.96
30125	42	16.12
30130	42	9.28
30140	42	9.97
30150	42	21.04
30160	42	20.69
30200	42	2.46
30210	10	3.27
30220	10	5.90
30300	10	5.75
30310	10	5.23
30320	42	11.94
30400	42	26.34
30410	42	32.74
30420	42	35.23
30430	42	23.98
30435	42	32.23
30450	42	42.44
30460	42	20.92
30462	42	42.29
30465	42	24.64
30520	42	12.82
30540	42	17.69
30545	42	24.94
30560	10	6.13
30580	42	15.34
30600	42	14.21
30620	42	15.36

CODE	FUD	UNIT VALUE
30630	42	15.67
30801	10	5.31
30802	10	6.81
30901	00	2.68
30903	00	4.38
30905	00	5.65
30906	00	6.54
30915	42	14.47
30920	42	19.59
30930	10	3.00
30999	YYY	BR
31000	10	4.08
31002	10	5.31
31020	42	11.76
31030	42	17.99
31032	42	14.39
31040	42	20.08
31050	42	12.15
31051	42	15.98
31070	42	10.60
31075	42	19.68
31080	42	26.08
31081	42	29.17
31084	42	28.24
31085	42	29.82
31086	42	27.21
31087	42	27.10
31090	42	23.00
31200	42	14.47
31201	42	18.35
31205	42	22.78
31225	42	38.71
31230	42	43.08
31231	00	4.57
31233	00	6.68
31235	00	7.81
31237	00	8.45
31238	00	8.76
31239	10	17.31
31240	00	4.58
31254	00	7.94
31255	00	11.79
31256	00	5.74
31267	00	9.29
31276	00	14.87
31287	00	6.75
31288	00	7.84
31290	10	30.75
31291	10	32.30
31292	10	26.56
31293	10	28.88
31294	10	33.42
31299	YYY	BR

CODE	FUD	UNIT VALUE
31300	42	30.43
31320	42	16.01
31360	42	35.17
31365	42	46.50
31367	42	45.53
31368	42	54.77
31370	42	45.42
31375	42	42.17
31380	42	42.47
31382	42	43.81
31390	42	54.22
31395	42	61.86
31400	42	24.91
31420	42	20.58
31500	00	3.07
31502	00	1.01
31505	00	2.11
31510	00	5.38
31511	00	5.47
31512	00	5.45
31513	00	3.73
31515	00	5.48
31520	00	4.32
31525	00	6.48
31526	00	4.50
31527	00	5.40
31528	00	4.03
31529	00	4.61
31530	00	5.62
31531	00	6.14
31535	00	5.41
31536	00	6.09
31540	00	7.00
31541	00	7.67
31545	00	10.14
31546	00	15.48
31560	00	9.03
31561	00	9.84
31570	00	9.84
31571	00	7.20
31575	00	3.09
31576	00	5.78
31577	00	6.44
31578	00	7.35
31579	00	6.23
31580	42	29.29
31582	42	49.13
31584	42	39.46
31585	42	11.69
31586	42	19.54
31587	42	22.26
31588	42	27.76
31590	42	23.29

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
31595	42	19.57
31599	YYY	BR
31600	00	11.16
31601	00	7.24
31603	00	6.29
31605	00	5.14
31610	42	17.81
31611	42	13.16
31612	00	2.09
31613	42	11.01
31614	42	16.44
31615	00	4.85
31620	ZZZ	7.15
31622	00	8.63
31623	00	9.46
31624	00	8.81
31625	00	9.37
31628	00	11.01
31629	00	18.51
31630	00	5.87
31631	00	6.48
31632	ZZZ	2.03
31633	ZZZ	2.41
31635	00	10.04
31636	00	6.37
31637	ZZZ	2.27
31638	00	7.07
31640	00	7.46
31641	00	7.28
31643	00	4.92
31645	00	8.49
31646	00	7.74
31656	00	9.62
31700	00	3.59
31708	00	3.51
31710	00	1.84
31715	00	1.52
31717	00	10.51
31720	00	1.46
31725	00	2.76
31730	00	5.27
31750	42	31.67
31755	42	41.74
31760	42	35.81
31766	42	48.52
31770	42	35.52
31775	42	38.27
31780	42	30.39
31781	42	37.82
31785	42	28.97
31786	42	40.29
31800	42	17.44
31805	42	22.13

CODE	FUD	UNIT VALUE
31820	42	10.53
31825	42	15.02
31830	42	10.69
31899	YYY	BR
32000	00	4.68
32002	00	5.54
32005	00	8.86
32019	00	24.55
32020	00	5.74
32035	42	15.73
32036	42	17.48
32095	42	14.88
32100	42	25.20
32110	42	36.83
32120	42	20.20
32124	42	21.76
32140	42	23.54
32141	42	23.51
32150	42	23.69
32151	42	24.11
32160	42	15.80
32200	42	25.81
32201	00	24.93
32215	42	19.77
32220	42	40.32
32225	42	23.56
32310	42	22.73
32320	42	39.50
32400	00	3.98
32402	42	13.70
32405	00	2.71
32420	00	3.00
32440	42	41.41
32442	42	44.77
32445	42	42.73
32480	42	39.15
32482	42	41.40
32484	42	34.98
32486	42	40.60
32488	42	43.11
32491	42	36.78
32500	42	37.46
32501	ZZZ	6.87
32520	42	36.00
32522	42	39.56
32525	42	42.98
32540	42	26.29
32601	00	8.58
32602	00	9.31
32603	00	11.94
32604	00	13.45
32605	00	10.79
32606	00	12.92

CODE	FUD	UNIT VALUE
32650	42	18.99
32651	42	21.94
32652	42	31.37
32653	42	21.61
32654	42	21.57
32655	42	22.14
32656	42	22.65
32657	42	23.25
32658	42	20.58
32659	42	20.63
32660	42	28.94
32661	42	22.84
32662	42	27.40
32663	42	31.86
32664	42	24.14
32665	42	25.78
32800	42	22.94
32810	42	22.42
32815	42	37.32
32820	42	36.12
32850	XXX	BR
32851	42	71.58
32852	42	80.86
32853	42	86.34
32854	42	92.79
32855	XXX	BR
32856	XXX	BR
32900	42	33.01
32905	42	33.88
32906	42	42.61
32940	42	31.62
32960	00	3.73
32997	00	8.44
32999	YYY	BR
33010	00	3.17
33011	00	3.22
33015	42	12.38
33020	42	21.11
33025	42	20.14
33030	42	30.93
33031	42	34.89
33050	42	24.26
33120	42	39.67
33130	42	34.34
33140	42	33.66
33141	ZZZ	7.10
33200	42	20.97
33201	42	18.08
33206	42	11.64
33207	42	13.30
33208	42	13.48
33210	00	4.74
33211	00	4.93

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CODE	FUD	UNIT VALUE
33212	42	9.33
33213	42	10.56
33214	42	13.21
33215	42	8.30
33216	42	10.37
33217	42	10.38
33218	42	10.12
33220	42	10.17
33222	42	9.66
33223	42	11.49
33224	00	13.61
33225	ZZZ	12.06
33226	00	13.11
33233	42	6.79
33234	42	13.30
33235	42	16.95
33236	42	21.67
33237	42	23.03
33238	42	25.35
33240	42	12.65
33241	42	6.41
33243	42	36.17
33244	42	23.63
33245	42	24.16
33246	42	33.55
33249	42	23.40
33250	42	35.90
33251	42	39.99
33253	42	49.28
33261	42	39.99
33282	42	8.43
33284	42	6.18
33300	42	29.68
33305	42	35.09
33310	42	30.62
33315	42	36.45
33320	42	27.01
33321	42	32.82
33322	42	33.75
33330	42	34.39
33332	42	37.42
33335	42	47.48
33400	42	48.16
33401	42	40.90
33403	42	42.66
33404	42	47.33
33405	42	58.33
33406	42	61.94
33410	42	53.60
33411	42	60.23
33412	42	68.63
33413	42	70.70
33414	42	48.88

CODE	FUD	UNIT VALUE
33415	42	42.93
33416	42	48.26
33417	42	46.15
33420	42	34.05
33422	42	43.31
33425	42	43.92
33426	42	54.85
33427	42	65.12
33430	42	55.59
33460	42	38.25
33463	42	42.20
33464	42	44.77
33465	42	45.89
33468	42	47.75
33470	42	32.50
33471	42	35.32
33472	42	37.60
33474	42	37.07
33475	42	53.08
33476	42	40.08
33478	42	43.60
33496	42	43.96
33500	42	40.63
33501	42	27.87
33502	42	35.04
33503	42	33.34
33504	42	39.75
33505	42	41.87
33506	42	54.63
33508	ZZZ	0.45
33510	42	49.48
33511	42	51.39
33512	42	53.94
33513	42	54.36
33514	42	55.43
33516	42	58.77
33517	ZZZ	3.78
33518	ZZZ	7.12
33519	ZZZ	10.46
33521	ZZZ	13.81
33522	ZZZ	17.15
33523	ZZZ	20.52
33530	ZZZ	8.61
33533	42	50.75
33534	42	54.39
33535	42	57.52
33536	42	61.00
33542	42	45.98
33545	42	57.47
33572	ZZZ	6.53
33600	42	46.36
33602	42	44.72
33606	42	48.73

CODE	FUD	UNIT VALUE
33608	42	49.83
33610	42	48.68
33611	42	52.41
33612	42	55.33
33615	42	51.35
33617	42	58.52
33619	42	72.12
33641	42	34.03
33645	42	40.18
33647	42	45.68
33660	42	47.89
33665	42	46.35
33670	42	52.73
33681	42	49.63
33684	42	46.69
33688	42	45.73
33690	42	31.62
33692	42	49.17
33694	42	53.38
33697	42	54.87
33702	42	42.70
33710	42	48.01
33720	42	42.56
33722	42	43.52
33730	42	53.28
33732	42	45.14
33735	42	32.20
33736	42	38.38
33737	42	35.87
33750	42	32.75
33755	42	33.78
33762	42	35.01
33764	42	34.95
33766	42	38.07
33767	42	39.97
33770	42	57.29
33771	42	52.61
33774	42	50.34
33775	42	52.08
33776	42	54.81
33777	42	54.46
33778	42	62.96
33779	42	54.42
33780	42	64.41
33781	42	55.65
33786	42	61.31
33788	42	42.53
33800	42	26.76
33802	42	29.09
33803	42	32.50
33813	42	34.62
33814	42	42.17
33820	42	27.01

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
33822	42	28.90
33824	42	32.33
33840	42	33.03
33845	42	36.62
33851	42	35.06
33852	42	37.16
33853	42	50.91
33860	42	59.92
33861	42	65.72
33863	42	70.09
33870	42	68.59
33875	42	51.83
33877	42	64.62
33910	42	39.60
33915	42	32.28
33916	42	40.77
33917	42	40.30
33918	42	42.60
33919	42	63.35
33920	42	50.07
33922	42	37.44
33924	ZZZ	8.15
33930	XXX	BR
33933	XXX	BR
33935	42	98.59
33940	XXX	BR
33944	XXX	BR
33945	42	69.51
33960	00	26.84
33961	ZZZ	15.42
33967	00	7.03
33968	00	0.94
33970	00	9.84
33971	42	16.89
33973	00	14.28
33974	42	23.95
33975	XXX	30.24
33976	XXX	33.72
33977	42	33.10
33978	42	36.65
33979	XXX	67.65
33980	42	89.76
33999	YYY	BR
34001	42	21.37
34051	42	25.15
34101	42	16.72
34111	42	16.69
34151	42	38.83
34201	42	16.84
34203	42	26.85
34401	42	38.56
34421	42	19.81
34451	42	42.10

CODE	FUD	UNIT VALUE
34471	42	16.60
34490	42	16.60
34501	42	26.66
34502	42	42.77
34510	42	30.60
34520	42	28.55
34530	42	26.94
34800	42	32.18
34802	42	35.00
34803	42	36.20
34804	42	35.00
34805	42	33.48
34808	ZZZ	6.02
34812	00	10.12
34813	ZZZ	7.00
34820	00	14.38
34825	42	19.38
34826	ZZZ	5.92
34830	42	50.75
34831	42	51.61
34832	42	54.60
34833	00	18.04
34834	00	8.28
34900	42	25.84
35001	42	31.89
35002	42	33.66
35005	42	28.68
35011	42	28.43
35013	42	34.68
35021	42	31.79
35022	42	36.13
35045	42	27.45
35081	42	43.34
35082	42	59.05
35091	42	53.95
35092	42	68.78
35102	42	47.45
35103	42	61.97
35111	42	38.78
35112	42	45.96
35121	42	46.53
35122	42	53.44
35131	42	39.40
35132	42	46.60
35141	42	31.70
35142	42	36.91
35151	42	35.77
35152	42	40.50
35180	42	21.54
35182	42	47.06
35184	42	28.75
35188	42	24.02
35189	42	43.83

CODE	FUD	UNIT VALUE
35190	42	20.96
35201	42	26.37
35206	42	21.62
35207	42	18.92
35211	42	35.85
35216	42	30.30
35221	42	37.55
35226	42	23.89
35231	42	32.51
35236	42	27.36
35241	42	37.67
35246	42	41.52
35251	42	45.99
35256	42	29.27
35261	42	28.32
35266	42	23.94
35271	42	35.72
35276	42	38.77
35281	42	43.55
35286	42	26.49
35301	42	29.78
35311	42	42.08
35321	42	25.58
35331	42	41.11
35341	42	39.64
35351	42	35.86
35355	42	29.18
35361	42	43.82
35363	42	47.00
35371	42	23.73
35372	42	28.60
35381	42	25.78
35390	ZZZ	4.70
35400	ZZZ	4.53
35450	00	14.85
35452	00	10.40
35454	00	9.18
35456	00	11.11
35458	00	14.18
35459	00	12.96
35460	00	9.12
35470	00	98.20
35471	00	111.02
35472	00	71.85
35473	00	66.39
35474	00	95.67
35475	00	66.23
35476	00	51.15
35480	00	16.38
35481	00	11.57
35482	00	10.09
35483	00	12.22
35484	00	15.47

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
35485	00	14.32
35490	00	16.52
35491	00	11.63
35492	00	10.31
35493	00	12.47
35494	00	15.60
35495	00	14.58
35500	ZZZ	9.36
35501	42	30.33
35506	42	31.88
35507	42	31.89
35508	42	30.89
35509	42	29.41
35510	42	35.24
35511	42	33.32
35512	42	34.57
35515	42	30.64
35516	42	25.42
35518	42	33.09
35521	42	35.03
35522	42	33.58
35525	42	32.07
35526	42	46.00
35531	42	55.64
35533	42	43.38
35536	42	49.04
35541	42	40.57
35546	42	39.97
35548	42	33.90
35549	42	36.94
35551	42	41.66
35556	42	34.49
35558	42	33.63
35560	42	49.92
35563	42	38.08
35565	42	36.54
35566	42	42.04
35571	42	38.25
35572	ZZZ	10.03
35583	42	35.62
35585	42	44.53
35587	42	39.62
35600	ZZZ	7.28
35601	42	28.61
35606	42	30.32
35612	42	25.65
35616	42	25.91
35621	42	31.50
35623	42	37.88
35626	42	43.62
35631	42	52.64
35636	42	45.81
35641	42	39.04

CODE	FUD	UNIT VALUE
35642	42	28.88
35645	42	28.18
35646	42	48.40
35647	42	43.64
35650	42	29.99
35651	42	38.94
35654	42	39.09
35656	42	30.83
35661	42	30.55
35663	42	35.00
35665	42	33.37
35666	42	35.91
35671	42	31.38
35681	ZZZ	2.35
35682	ZZZ	10.59
35683	ZZZ	12.51
35685	ZZZ	5.97
35686	ZZZ	4.94
35691	42	29.02
35693	42	25.26
35694	42	30.40
35695	42	30.39
35697	ZZZ	4.43
35700	ZZZ	4.53
35701	42	14.75
35721	42	12.62
35741	42	13.74
35761	42	10.11
35800	42	12.61
35820	42	21.92
35840	42	16.35
35860	42	10.34
35870	42	34.82
35875	42	16.67
35876	42	26.84
35879	42	25.93
35881	42	29.16
35901	42	14.62
35903	42	16.82
35905	42	48.75
35907	42	53.95
36000	XXX	0.76
36002	00	4.99
36005	00	8.66
36010	XXX	21.92
36011	XXX	31.24
36012	XXX	22.70
36013	XXX	24.11
36014	XXX	23.33
36015	XXX	27.39
36100	XXX	15.36
36120	XXX	12.86
36140	XXX	14.94

CODE	FUD	UNIT VALUE
36145	XXX	14.69
36160	XXX	16.25
36200	XXX	19.78
36215	XXX	32.02
36216	XXX	34.72
36217	XXX	62.19
36218	ZZZ	6.18
36245	XXX	37.09
36246	XXX	35.62
36247	XXX	56.28
36248	ZZZ	5.13
36260	42	15.86
36261	42	9.80
36262	42	7.28
36299	YYY	BR
36400	XXX	0.69
36405	XXX	0.60
36406	XXX	0.47
36410	XXX	0.48
36415	XXX	0.08
36416	XXX	0.10
36420	XXX	1.42
36425	XXX	1.04
36430	XXX	1.07
36440	XXX	1.42
36450	XXX	3.15
36455	XXX	3.60
36460	XXX	9.61
36468	00	BR
36469	00	BR
36470	10	3.89
36471	10	4.83
36475	00	58.48
36476	ZZZ	11.44
36478	00	53.86
36479	ZZZ	11.55
36481	00	13.25
36500	00	5.11
36510	00	5.08
36511	00	2.55
36512	00	2.56
36513	00	2.64
36514	00	18.79
36515	00	68.12
36516	00	85.35
36522	00	34.17
36540	XXX	0.75
36550	XXX	0.76
36555	00	8.55
36556	00	8.31
36557	10	26.80
36558	10	26.40
36560	10	36.48

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
36561	10	36.14
36563	10	33.76
36565	10	31.26
36566	10	32.56
36568	00	9.57
36569	00	9.35
36570	10	39.05
36571	10	39.10
36575	00	4.93
36576	10	10.33
36578	10	14.82
36580	00	8.44
36581	10	23.12
36582	10	31.40
36583	10	31.47
36584	00	8.36
36585	10	32.81
36589	10	4.75
36590	10	7.10
36595	00	21.08
36596	00	4.49
36597	00	3.69
36600	XXX	0.83
36620	00	1.46
36625	00	2.89
36640	00	3.35
36660	00	1.98
36680	00	1.80
36800	00	4.47
36810	00	6.08
36815	00	4.13
36818	42	19.43
36819	42	22.27
36820	42	22.28
36821	42	14.78
36822	42	10.53
36823	42	33.16
36825	42	16.21
36830	42	18.85
36831	42	13.01
36832	42	16.63
36833	42	18.77
36834	42	16.07
36835	42	12.44
36838	42	32.97
36860	00	3.92
36861	00	4.27
36870	42	58.51
37140	42	36.03
37145	42	38.65
37160	42	33.60
37180	42	38.17
37181	42	41.01

CODE	FUD	UNIT VALUE
37182	00	24.03
37183	00	11.48
37195	XXX	6.99
37200	00	6.32
37201	00	7.89
37202	00	9.16
37203	00	38.24
37204	00	25.52
37205	00	12.63
37206	ZZZ	5.87
37207	00	12.56
37208	ZZZ	6.07
37209	00	3.17
37215	42	28.89
37216	42	27.83
37250	ZZZ	3.06
37251	ZZZ	2.34
37500	42	19.36
37501	YYY	BR
37565	42	17.81
37600	42	19.27
37605	42	21.93
37606	42	12.06
37607	42	10.54
37609	10	7.87
37615	42	10.53
37616	42	26.84
37617	42	34.13
37618	42	9.10
37620	42	17.18
37650	42	13.45
37660	42	32.48
37700	42	7.03
37720	42	10.13
37730	42	12.59
37735	42	17.49
37760	42	17.18
37765	42	12.44
37766	42	15.09
37780	42	7.21
37785	42	9.53
37788	42	33.29
37790	42	13.29
37799	YYY	BR
38100	42	22.53
38101	42	23.77
38102	ZZZ	7.05
38115	42	24.44
38120	42	26.56
38129	YYY	BR
38200	00	3.70
38204	XXX	BR
38205	00	2.24

CODE	FUD	UNIT VALUE
38206	00	2.24
38207	XXX	1.65
38208	XXX	1.80
38209	XXX	1.58
38210	XXX	1.72
38211	XXX	1.72
38212	XXX	1.72
38213	XXX	1.72
38214	XXX	1.44
38215	XXX	1.72
38220	XXX	4.86
38221	XXX	5.37
38230	10	8.22
38240	XXX	3.39
38241	XXX	3.42
38242	00	2.59
38300	10	6.53
38305	42	11.28
38308	42	11.03
38380	42	13.93
38381	42	21.57
38382	42	17.18
38500	10	7.91
38505	00	3.28
38510	10	12.70
38520	42	11.55
38525	42	10.15
38530	42	13.46
38542	42	11.00
38550	42	11.69
38555	42	24.43
38562	42	17.45
38564	42	17.37
38570	10	14.34
38571	10	21.46
38572	10	25.53
38589	YYY	BR
38700	42	15.22
38720	42	24.19
38724	42	25.66
38740	42	16.26
38745	42	20.86
38746	ZZZ	7.19
38747	ZZZ	7.18
38760	42	20.73
38765	42	31.21
38770	42	20.36
38780	42	26.64
38790	00	8.77
38792	00	1.02
38794	42	8.20
38999	YYY	BR
39000	42	11.59

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CODE	FUD	UNIT VALUE
39010	42	20.98
39200	42	23.04
39220	42	29.13
39400	10	11.25
39499	YYY	BR
39501	42	21.35
39502	42	25.59
39503	42	139.10
39520	42	26.32
39530	42	24.60
39531	42	25.97
39540	42	21.27
39541	42	22.87
39545	42	22.70
39560	42	19.81
39561	42	29.16
39599	YYY	BR
40490	00	2.91
40500	42	11.55
40510	42	11.78
40520	42	12.72
40525	42	14.69
40527	42	17.46
40530	42	13.75
40650	42	10.80
40652	42	12.49
40654	42	14.50
40700	42	22.79
40701	42	28.80
40702	42	22.51
40720	42	25.20
40761	42	26.88
40799	YYY	BR
40800	10	4.25
40801	10	6.86
40804	10	4.74
40805	10	7.48
40806	00	2.18
40808	10	3.71
40810	10	4.32
40812	10	6.31
40814	42	8.76
40816	42	9.24
40818	42	7.79
40819	42	6.76
40820	10	5.32
40830	10	5.67
40831	10	7.41
40840	42	19.55
40842	42	19.86
40843	42	25.41
40844	42	33.72
40845	42	37.60

CODE	FUD	UNIT VALUE
40899	YYY	BR
41000	10	3.73
41005	10	4.71
41006	42	8.38
41007	42	8.55
41008	42	8.46
41009	42	9.01
41010	10	4.56
41015	42	9.81
41016	42	10.19
41017	42	10.22
41018	42	11.88
41100	10	4.20
41105	10	3.85
41108	10	3.22
41110	10	4.62
41112	42	7.49
41113	42	8.27
41114	42	16.48
41115	10	5.21
41116	42	7.02
41120	42	25.90
41130	42	28.29
41135	42	48.25
41140	42	54.37
41145	42	63.13
41150	42	49.73
41153	42	50.82
41155	42	56.90
41250	10	4.84
41251	10	5.76
41252	10	7.15
41500	42	11.45
41510	42	11.54
41520	42	7.62
41599	YYY	BR
41800	10	3.88
41805	10	4.04
41806	10	6.63
41820	00	5.92
41821	00	1.34
41822	10	6.51
41823	42	9.32
41825	10	4.52
41826	10	5.04
41827	42	9.27
41828	10	7.33
41830	10	8.74
41850	00	2.96
41870	00	7.40
41872	42	7.91
41874	42	8.37
41899	YYY	BR

CODE	FUD	UNIT VALUE
42000	10	3.91
42100	10	3.52
42104	10	4.34
42106	10	5.57
42107	42	10.59
42120	42	18.47
42140	42	5.47
42145	42	16.18
42160	10	6.22
42180	10	5.78
42182	10	8.09
42200	42	23.46
42205	42	24.90
42210	42	28.08
42215	42	19.18
42220	42	14.51
42225	42	27.48
42226	42	25.70
42227	42	26.03
42235	42	20.44
42260	42	21.23
42280	10	3.69
42281	10	4.73
42299	YYY	BR
42300	10	4.91
42305	42	11.31
42310	10	3.95
42320	10	5.83
42325	42	7.62
42326	42	9.96
42330	10	5.54
42335	42	8.51
42340	42	11.06
42400	00	2.49
42405	10	7.57
42408	42	10.89
42409	42	7.60
42410	42	16.46
42415	42	29.18
42420	42	33.60
42425	42	22.74
42426	42	36.09
42440	42	12.35
42450	42	10.93
42500	42	10.38
42505	42	13.85
42507	42	13.12
42508	42	18.47
42509	42	22.64
42510	42	16.59
42550	42	4.53
42600	42	11.82
42650	00	1.94

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CODE	FUD	UNIT VALUE
42660	00	2.57
42665	42	6.93
42699	YYY	BR
42700	10	4.40
42720	10	10.71
42725	42	19.88
42800	10	3.68
42802	10	6.43
42804	10	5.08
42806	10	5.78
42808	10	5.58
42809	10	4.30
42810	42	9.26
42815	42	14.09
42820	42	7.50
42821	42	8.13
42825	42	6.83
42826	42	6.68
42830	42	5.33
42831	42	5.77
42835	42	4.97
42836	42	6.40
42842	42	20.46
42844	42	31.71
42845	42	49.49
42860	42	4.80
42870	42	14.40
42890	42	28.16
42892	42	34.33
42894	42	46.78
42900	10	9.43
42950	42	20.68
42953	42	27.18
42955	42	18.85
42960	10	4.49
42961	42	11.00
42962	42	13.63
42970	42	9.99
42971	42	11.83
42972	42	13.51
42999	YYY	BR
43020	42	14.37
43030	42	13.87
43045	42	33.35
43100	42	16.32
43101	42	26.33
43107	42	63.22
43108	42	52.29
43112	42	68.45
43113	42	54.71
43116	42	50.88
43117	42	62.28
43118	42	51.00

CODE	FUD	UNIT VALUE
43121	42	46.68
43122	42	62.58
43123	42	51.41
43124	42	44.03
43130	42	20.47
43135	42	26.44
43200	00	5.85
43201	00	6.88
43202	00	7.59
43204	00	5.58
43205	00	5.58
43215	00	4.03
43216	00	3.66
43217	00	10.11
43219	00	4.39
43220	00	3.24
43226	00	3.56
43227	00	5.32
43228	00	5.65
43231	00	4.74
43232	00	6.62
43234	00	7.51
43235	00	7.75
43236	00	9.54
43237	00	6.01
43238	00	7.42
43239	00	8.80
43240	00	10.01
43241	00	3.90
43242	00	10.56
43243	00	6.70
43244	00	7.37
43245	00	4.74
43246	00	6.35
43247	00	5.02
43248	00	4.70
43249	00	4.33
43250	00	4.77
43251	00	5.46
43255	00	7.05
43256	00	6.39
43257	00	8.06
43258	00	6.66
43259	00	7.54
43260	00	8.67
43261	00	9.11
43262	00	10.70
43263	00	10.58
43264	00	12.85
43265	00	14.42
43267	00	10.71
43268	00	10.80
43269	00	11.88

CODE	FUD	UNIT VALUE
43271	00	10.70
43272	00	10.71
43280	42	26.74
43289	YYY	BR
43300	42	16.57
43305	42	29.63
43310	42	39.80
43312	42	44.23
43313	42	69.42
43314	42	75.95
43320	42	31.63
43324	42	32.02
43325	42	31.40
43326	42	31.78
43330	42	30.85
43331	42	32.71
43340	42	30.99
43341	42	33.71
43350	42	25.61
43351	42	30.55
43352	42	25.59
43360	42	55.55
43361	42	61.75
43400	42	32.51
43401	42	34.55
43405	42	32.32
43410	42	22.83
43415	42	40.09
43420	42	23.17
43425	42	33.89
43450	00	4.12
43453	00	7.68
43456	00	16.51
43458	00	9.95
43460	00	5.60
43496	42	BR
43499	YYY	BR
43500	42	17.41
43501	42	30.93
43502	42	35.61
43510	42	21.10
43520	42	16.55
43600	00	2.71
43605	42	18.81
43610	42	22.62
43611	42	27.69
43620	42	45.69
43621	42	46.65
43622	42	49.31
43631	42	34.65
43632	42	34.65
43633	42	35.41
43634	42	38.46

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CODE	FUD	UNIT VALUE
43635	ZZZ	3.03
43638	42	44.59
43639	42	45.14
43640	42	26.46
43641	42	26.78
43644	42	42.17
43645	42	45.48
43651	42	16.22
43652	42	19.42
43653	42	12.90
43659	YYY	BR
43750	10	7.10
43752	00	1.11
43760	00	3.27
43761	00	3.32
43800	42	21.34
43810	42	22.71
43820	42	23.75
43825	42	29.72
43830	42	15.56
43831	42	13.33
43832	42	24.35
43840	42	24.32
43842	42	28.65
43843	42	28.81
43845	42	49.41
43846	42	37.16
43847	42	41.28
43848	42	44.99
43850	42	37.67
43855	42	39.87
43860	42	38.17
43865	42	40.42
43870	42	15.42
43880	42	37.68
43999	YYY	BR
44005	42	25.00
44010	42	19.54
44015	ZZZ	3.84
44020	42	21.69
44021	42	21.81
44025	42	22.07
44050	42	21.77
44055	42	33.50
44100	42	2.89
44110	42	18.52
44111	42	22.20
44120	42	26.23
44121	ZZZ	6.53
44125	42	26.99
44126	42	54.22
44127	42	62.35
44128	ZZZ	6.58

CODE	FUD	UNIT VALUE
44130	42	22.52
44132	XXX	BR
44133	XXX	BR
44135	XXX	BR
44136	XXX	BR
44137	XXX	BR
44139	ZZZ	3.27
44140	42	32.28
44141	42	32.01
44143	42	36.59
44144	42	33.88
44145	42	40.42
44146	42	43.72
44147	42	31.87
44150	42	38.93
44151	42	43.67
44152	42	42.85
44153	42	48.43
44155	42	44.36
44156	42	49.71
44160	42	28.66
44200	42	22.46
44201	42	15.70
44202	42	33.74
44203	ZZZ	6.51
44204	42	38.06
44205	42	33.75
44206	42	41.62
44207	42	45.07
44208	42	48.92
44210	42	43.22
44211	42	53.76
44212	42	49.79
44238	YYY	BR
44239	YYY	BR
44300	42	19.13
44310	42	24.57
44312	42	12.93
44314	42	23.31
44316	42	31.96
44320	42	27.49
44322	42	22.06
44340	42	12.95
44345	42	24.23
44346	42	26.43
44360	00	3.88
44361	00	4.28
44363	00	5.14
44364	00	5.49
44365	00	4.91
44366	00	6.45
44369	00	6.57
44370	00	7.13

CODE	FUD	UNIT VALUE
44372	00	6.48
44373	00	5.18
44376	00	7.70
44377	00	8.05
44378	00	10.34
44379	00	10.99
44380	00	1.68
44382	00	2.02
44383	00	4.43
44385	00	5.32
44386	00	8.95
44388	00	8.16
44389	00	10.02
44390	00	11.25
44391	00	13.37
44392	00	10.73
44393	00	12.15
44394	00	12.61
44397	00	6.88
44500	00	0.68
44602	42	24.45
44603	42	28.28
44604	42	24.50
44605	42	30.37
44615	42	24.59
44620	42	19.01
44625	42	23.16
44626	42	38.35
44640	42	32.91
44650	42	34.26
44660	42	31.79
44661	42	37.11
44680	42	23.71
44700	42	24.55
44701	ZZZ	4.53
44715	XXX	BR
44720	XXX	7.08
44721	XXX	10.36
44799	YYY	BR
44800	42	18.01
44820	42	19.08
44850	42	17.09
44899	YYY	BR
44900	42	16.10
44901	00	31.49
44950	42	15.60
44955	ZZZ	2.26
44960	42	19.26
44970	42	13.90
44979	YYY	BR
45000	42	7.98
45005	10	6.28
45020	42	8.52

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CODE	FUD	UNIT VALUE
45100	42	6.45
45108	42	8.10
45110	42	43.67
45111	42	25.66
45112	42	45.63
45113	42	46.49
45114	42	41.46
45116	42	37.47
45119	42	46.55
45120	42	37.54
45121	42	41.31
45123	42	25.36
45126	42	68.56
45130	42	24.94
45135	42	30.00
45136	42	42.48
45150	42	9.21
45160	42	23.60
45170	42	18.04
45190	42	15.44
45300	00	1.95
45303	00	19.17
45305	00	3.75
45307	00	4.08
45308	00	2.91
45309	00	5.04
45315	00	4.41
45317	00	4.08
45320	00	4.65
45321	00	1.86
45327	00	2.50
45330	00	3.31
45331	00	4.31
45332	00	6.95
45333	00	6.81
45334	00	4.08
45335	00	4.78
45337	00	3.57
45338	00	7.74
45339	00	6.86
45340	00	8.21
45341	00	3.87
45342	00	5.89
45345	00	4.31
45355	00	5.24
45378	00	10.13
45379	00	12.73
45380	00	11.97
45381	00	11.62
45382	00	16.05
45383	00	14.26
45384	00	11.87
45385	00	13.52

CODE	FUD	UNIT VALUE
45386	00	17.36
45387	00	8.71
45391	00	7.48
45392	00	9.44
45500	42	11.54
45505	42	12.27
45520	42	2.24
45540	42	24.86
45541	42	20.87
45550	42	34.76
45560	42	16.74
45562	42	24.15
45563	42	36.98
45800	42	26.99
45805	42	32.31
45820	42	27.66
45825	42	33.32
45900	10	4.41
45905	10	4.00
45910	10	4.75
45915	10	7.76
45999	YYY	BR
46020	10	5.54
46030	10	2.71
46040	42	11.04
46045	42	7.73
46050	10	3.86
46060	42	9.58
46070	42	4.89
46080	10	5.15
46083	10	4.07
46200	42	7.64
46210	42	8.09
46211	42	10.11
46220	10	4.02
46221	10	4.90
46230	10	5.93
46250	42	9.65
46255	42	10.98
46257	42	8.89
46258	42	9.67
46260	42	10.29
46261	42	11.46
46262	42	12.04
46270	42	9.16
46275	42	9.70
46280	42	9.88
46285	42	8.27
46288	42	11.58
46320	10	3.91
46500	10	3.88
46600	00	2.11
46604	00	10.55

CODE	FUD	UNIT VALUE
46606	00	4.68
46608	00	6.07
46610	00	5.50
46611	00	5.33
46612	00	7.79
46614	00	4.53
46615	00	5.48
46700	42	14.25
46705	42	11.47
46706	10	3.91
46715	42	11.68
46716	42	24.59
46730	42	41.18
46735	42	48.84
46740	42	45.58
46742	42	56.30
46744	42	79.99
46746	42	90.89
46748	42	91.08
46750	42	16.37
46751	42	15.11
46753	42	13.06
46754	10	5.98
46760	42	23.05
46761	42	21.23
46762	42	19.43
46900	10	4.66
46910	10	4.94
46916	10	5.12
46917	10	11.19
46922	10	5.34
46924	10	11.70
46934	42	8.88
46935	10	6.12
46936	42	8.89
46937	10	5.60
46938	42	9.22
46940	10	4.53
46942	10	4.06
46945	42	5.29
46946	42	6.56
46947	42	8.66
46999	YYY	BR
47000	00	5.09
47001	ZZZ	2.79
47010	42	26.15
47011	42	5.12
47015	42	24.36
47100	42	19.18
47120	42	55.13
47122	42	83.59
47125	42	74.79
47130	42	80.99

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CODE	FUD	UNIT VALUE
47133	XXX	BR
47135	42	122.55
47136	42	103.87
47140	42	82.32
47141	42	99.43
47142	42	109.48
47143	XXX	BR
47144	42	BR
47145	42	BR
47146	XXX	8.88
47147	XXX	10.36
47300	42	24.20
47350	42	30.90
47360	42	41.76
47361	42	71.35
47362	42	29.58
47370	42	30.25
47371	42	30.38
47379	YYY	BR
47380	42	35.10
47381	42	35.63
47382	10	22.21
47399	YYY	BR
47400	42	48.98
47420	42	31.19
47425	42	31.17
47460	42	28.47
47480	42	18.09
47490	42	13.22
47500	00	2.72
47505	00	1.06
47510	42	13.31
47511	42	16.19
47525	10	20.96
47530	42	39.99
47550	ZZZ	4.43
47552	00	8.83
47553	00	8.80
47554	00	13.35
47555	00	10.46
47556	00	11.84
47560	00	7.19
47561	00	7.72
47562	42	17.49
47563	42	18.77
47564	42	22.01
47570	42	19.55
47579	YYY	BR
47600	42	21.45
47605	42	23.08
47610	42	29.16
47612	42	29.08
47620	42	31.82

CODE	FUD	UNIT VALUE
47630	42	14.63
47700	42	25.02
47701	42	42.88
47711	42	35.92
47712	42	46.46
47715	42	29.64
47716	42	26.35
47720	42	25.43
47721	42	30.12
47740	42	29.16
47741	42	33.39
47760	42	40.01
47765	42	38.86
47780	42	41.08
47785	42	48.01
47800	42	36.29
47801	42	24.45
47802	42	33.99
47900	42	31.35
47999	YYY	BR
48000	42	42.89
48001	42	53.86
48005	42	64.10
48020	42	25.07
48100	42	19.35
48102	10	12.91
48120	42	24.73
48140	42	35.40
48145	42	36.94
48146	42	41.78
48148	42	27.12
48150	42	73.64
48152	42	67.63
48153	42	73.60
48154	42	68.01
48155	42	39.45
48160	XXX	68.87
48180	42	38.04
48400	ZZZ	2.74
48500	42	24.58
48510	42	23.50
48511	00	25.12
48520	42	24.28
48540	42	30.32
48545	42	28.44
48547	42	39.59
48550	XXX	BR
48551	XXX	BR
48552	XXX	6.07
48554	42	56.50
48556	42	25.75
48999	YYY	BR
49000	42	18.51

CODE	FUD	UNIT VALUE
49002	42	16.82
49010	42	19.66
49020	42	35.74
49021	00	24.62
49040	42	21.56
49041	00	23.74
49060	42	25.01
49061	00	23.53
49062	42	18.16
49080	00	5.42
49081	00	3.93
49085	42	19.16
49180	00	4.94
49200	42	16.45
49201	42	23.61
49215	42	51.73
49220	42	23.36
49250	42	13.67
49255	42	18.12
49320	10	8.35
49321	10	8.72
49322	10	9.39
49323	42	15.14
49329	YYY	BR
49400	00	5.10
49419	42	11.00
49420	00	3.52
49421	42	9.38
49422	10	9.92
49423	00	15.62
49424	00	4.52
49425	42	18.44
49426	42	15.63
49427	00	1.26
49428	10	10.77
49429	10	11.81
49491	42	17.56
49492	42	21.89
49495	42	9.56
49496	42	14.12
49500	42	9.29
49501	42	14.15
49505	42	12.34
49507	42	15.26
49520	42	15.32
49521	42	18.74
49525	42	13.74
49540	42	16.47
49550	42	13.87
49553	42	15.07
49555	42	14.46
49557	42	17.57
49560	42	18.19

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CODE	FUD	UNIT VALUE
49561	42	22.13
49565	42	18.27
49566	42	22.37
49568	ZZZ	7.19
49570	42	9.58
49572	42	11.06
49580	42	7.19
49582	42	10.98
49585	42	10.32
49587	42	12.26
49590	42	13.72
49600	42	17.58
49605	42	113.68
49606	42	28.67
49610	42	16.74
49611	42	16.66
49650	42	10.37
49651	42	13.40
49659	YYY	BR
49900	42	20.03
49904	42	37.81
49905	ZZZ	9.60
49906	42	BR
49999	YYY	BR
50010	42	17.11
50020	42	23.66
50021	42	25.22
50040	42	22.79
50045	42	23.29
50060	42	28.45
50065	42	28.41
50070	42	29.93
50075	42	36.99
50080	42	22.00
50081	42	32.06
50100	42	25.87
50120	42	23.87
50125	42	24.89
50130	42	25.64
50135	42	28.29
50200	42	4.08
50205	42	17.60
50220	42	25.73
50225	42	29.84
50230	42	32.20
50234	42	32.80
50236	42	36.81
50240	42	32.56
50280	42	23.52
50290	42	22.55
50300	XXX	BR
50320	42	35.19
50323	XXX	BR

CODE	FUD	UNIT VALUE
50325	XXX	BR
50327	XXX	5.64
50328	XXX	4.94
50329	XXX	4.72
50340	42	20.26
50360	42	50.73
50365	42	59.33
50370	42	22.49
50380	42	35.16
50390	00	2.72
50391	00	3.68
50392	00	5.10
50393	00	6.18
50394	00	3.49
50395	00	5.08
50396	00	3.30
50398	00	17.86
50400	42	28.74
50405	42	34.67
50500	42	29.92
50520	42	26.11
50525	42	33.05
50526	42	35.78
50540	42	29.57
50541	42	23.61
50542	42	29.49
50543	42	37.49
50544	42	32.46
50545	42	34.88
50546	42	30.37
50547	42	39.30
50548	42	35.27
50549	YYY	BR
50551	00	10.14
50553	00	10.73
50555	00	11.79
50557	00	11.66
50561	00	13.20
50562	42	15.97
50570	00	13.42
50572	00	14.67
50574	00	15.53
50575	00	19.59
50576	00	15.41
50580	00	16.68
50590	42	22.12
50600	42	23.69
50605	42	23.63
50610	42	24.24
50620	42	22.56
50630	42	22.30
50650	42	25.86
50660	42	28.90

CODE	FUD	UNIT VALUE
50684	00	5.78
50686	00	5.06
50688	10	2.30
50690	00	3.05
50700	42	23.58
50715	42	29.71
50722	42	26.01
50725	42	28.01
50727	42	13.06
50728	42	18.56
50740	42	28.08
50750	42	28.84
50760	42	27.64
50770	42	28.93
50780	42	27.44
50782	42	29.85
50783	42	30.70
50785	42	30.34
50800	42	22.16
50810	42	31.40
50815	42	29.94
50820	42	32.37
50825	42	41.34
50830	42	45.73
50840	42	29.90
50845	42	31.28
50860	42	23.25
50900	42	20.90
50920	42	21.88
50930	42	27.93
50940	42	22.14
50945	42	25.36
50947	42	36.28
50948	42	32.84
50949	YYY	BR
50951	00	10.54
50953	00	11.07
50955	00	13.63
50957	00	11.83
50961	00	10.81
50970	00	10.11
50972	00	9.84
50974	00	12.90
50976	00	12.74
50980	00	9.71
51000	00	2.78
51005	00	5.82
51010	10	9.40
51020	42	11.04
51030	42	11.31
51040	42	7.47
51045	42	11.23
51050	42	11.04

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CODE	FUD	UNIT VALUE
51060	42	13.95
51065	42	13.83
51080	42	9.93
51500	42	16.15
51520	42	14.64
51525	42	21.08
51530	42	19.16
51535	42	19.86
51550	42	23.70
51555	42	31.57
51565	42	32.20
51570	42	35.77
51575	42	44.58
51580	42	45.73
51585	42	51.35
51590	42	47.53
51595	42	53.82
51596	42	57.46
51597	42	55.94
51600	00	5.99
51605	00	6.73
51610	00	3.40
51700	00	2.55
51701	00	2.12
51702	00	2.62
51703	00	4.31
51705	10	3.36
51710	10	4.93
51715	00	7.92
51720	00	3.84
51725	00	7.26
51726	00	9.39
51736	00	1.25
51741	00	2.04
51772	00	7.38
51784	00	5.67
51785	00	6.12
51792	00	7.29
51795	00	9.04
51797	00	7.55
51798	XXX	0.42
51800	42	26.30
51820	42	27.87
51840	42	17.32
51841	42	20.64
51845	42	15.26
51860	42	18.91
51865	42	22.95
51880	42	12.32
51900	42	20.22
51920	42	18.60
51925	42	26.19
51940	42	42.58

CODE	FUD	UNIT VALUE
51960	42	34.26
51980	42	17.57
51990	42	20.02
51992	42	21.59
52000	00	5.45
52001	00	10.90
52005	00	8.10
52007	00	19.68
52010	00	13.99
52204	00	17.05
52214	00	42.06
52224	00	39.81
52234	00	6.61
52235	00	7.76
52240	00	13.70
52250	00	6.46
52260	00	5.61
52265	00	16.50
52270	00	14.63
52275	00	20.57
52276	00	7.12
52277	00	8.82
52281	00	10.09
52282	00	9.09
52283	00	7.93
52285	00	7.87
52290	00	6.55
52300	00	7.58
52301	00	7.94
52305	00	7.53
52310	00	7.70
52315	00	14.23
52317	00	36.13
52318	00	12.92
52320	00	6.66
52325	00	8.70
52327	00	37.37
52330	00	44.21
52332	00	8.78
52334	00	6.89
52341	00	8.63
52342	00	9.29
52343	00	10.29
52344	00	11.03
52345	00	11.72
52346	00	13.17
52351	00	8.41
52352	00	9.86
52353	00	11.38
52354	00	10.52
52355	00	12.58
52400	42	14.09
52402	00	7.37

CODE	FUD	UNIT VALUE
52450	42	11.84
52500	42	12.98
52510	42	10.30
52601	42	18.32
52606	42	12.25
52612	42	12.27
52614	42	10.65
52620	42	10.05
52630	42	10.95
52640	42	10.04
52647	42	85.01
52648	42	16.77
52700	42	10.45
53000	10	3.98
53010	42	6.79
53020	00	4.90
53025	00	4.94
53040	42	10.29
53060	10	4.98
53080	42	12.75
53085	42	18.56
53200	00	4.12
53210	42	19.31
53215	42	23.29
53220	42	11.23
53230	42	15.01
53235	42	15.75
53240	42	10.49
53250	42	9.66
53260	10	5.48
53265	10	6.07
53270	10	5.59
53275	10	7.10
53400	42	19.77
53405	42	21.86
53410	42	24.66
53415	42	28.09
53420	42	21.35
53425	42	23.97
53430	42	24.51
53431	42	29.36
53440	42	20.54
53442	42	17.81
53444	42	20.19
53445	42	22.12
53446	42	16.15
53447	42	20.84
53448	42	31.68
53449	42	15.10
53450	42	9.85
53460	42	11.32
53500	42	19.30
53502	42	12.23

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CODE	FUD	UNIT VALUE
53505	42	12.02
53510	42	16.02
53515	42	20.26
53520	42	13.77
53600	00	2.44
53601	00	2.32
53605	00	1.78
53620	00	3.73
53621	00	3.52
53660	00	2.07
53661	00	2.07
53665	00	1.07
53850	42	104.17
53852	42	99.34
53853	42	60.94
53899	YYY	BR
54000	10	4.56
54001	10	5.53
54015	10	8.24
54050	10	2.98
54055	10	2.87
54056	10	2.99
54057	10	3.54
54060	10	5.17
54065	10	5.19
54100	00	4.81
54105	10	8.02
54110	42	15.60
54111	42	20.28
54112	42	23.75
54115	42	10.96
54120	42	15.31
54125	42	20.31
54130	42	29.79
54135	42	38.34
54150	10	6.32
54152	10	3.70
54160	10	6.81
54161	10	5.07
54162	10	7.87
54163	10	5.22
54164	10	4.52
54200	10	2.93
54205	42	13.16
54220	00	6.44
54230	00	2.51
54231	00	3.57
54235	00	2.24
54240	00	2.50
54250	00	3.31
54300	42	16.71
54304	42	19.66
54308	42	18.60

CODE	FUD	UNIT VALUE
54312	42	21.76
54316	42	25.94
54318	42	18.40
54322	42	20.36
54324	42	25.37
54326	42	24.58
54328	42	23.84
54332	42	25.97
54336	42	32.48
54340	42	14.56
54344	42	25.19
54348	42	26.69
54352	42	38.09
54360	42	18.78
54380	42	20.69
54385	42	24.48
54390	42	32.52
54400	42	13.96
54401	42	16.71
54405	42	20.27
54406	42	18.35
54408	42	19.36
54410	42	23.19
54411	42	24.13
54415	42	12.96
54416	42	16.98
54417	42	21.33
54420	42	17.76
54430	42	15.95
54435	42	10.16
54440	42	15.25
54450	00	2.15
54500	00	2.01
54505	10	5.63
54512	42	13.37
54520	42	8.50
54522	42	15.24
54530	42	13.46
54535	42	18.65
54550	42	12.16
54560	42	17.16
54600	42	11.06
54620	10	7.69
54640	42	11.25
54650	42	17.97
54660	42	8.53
54670	42	10.39
54680	42	19.93
54690	42	16.88
54692	42	19.58
54699	YYY	BR
54700	10	5.63
54800	00	3.50

CODE	FUD	UNIT VALUE
54820	42	8.46
54830	42	8.79
54840	42	8.34
54860	42	10.06
54861	42	13.82
54900	42	19.89
54901	42	27.23
55000	00	3.60
55040	42	8.67
55041	42	12.29
55060	42	9.04
55100	10	5.97
55110	42	9.24
55120	42	8.41
55150	42	11.61
55175	42	8.62
55180	42	16.95
55200	42	16.86
55250	42	15.02
55300	00	5.06
55400	42	13.17
55450	10	11.39
55500	42	9.22
55520	42	10.00
55530	42	9.10
55535	42	10.43
55540	42	12.39
55550	42	10.42
55559	YYY	BR
55600	42	10.32
55605	42	12.87
55650	42	18.00
55680	42	8.61
55700	00	5.87
55705	10	7.18
55720	42	12.38
55725	42	13.85
55801	42	26.71
55810	42	33.06
55812	42	40.46
55815	42	44.44
55821	42	21.43
55831	42	23.35
55840	42	33.53
55842	42	35.86
55845	42	41.44
55859	42	19.20
55860	42	21.84
55862	42	27.67
55865	42	33.69
55866	42	44.54
55870	00	4.27
55873	42	29.74

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
55899	YYY	BR
55970	XXX	BR
55980	XXX	BR
56405	10	2.94
56420	10	3.82
56440	10	4.89
56441	10	3.98
56501	10	3.48
56515	10	5.62
56605	00	2.30
56606	ZZZ	1.11
56620	42	13.14
56625	42	14.70
56630	42	20.64
56631	42	26.90
56632	42	32.10
56633	42	26.97
56634	42	29.41
56637	42	35.54
56640	42	35.55
56700	10	4.65
56720	00	1.27
56740	10	7.66
56800	10	6.51
56805	42	30.37
56810	10	6.89
56820	00	2.99
56821	00	4.04
57000	10	5.00
57010	42	10.50
57020	00	2.61
57022	10	4.31
57023	10	7.86
57061	10	3.05
57065	10	5.21
57100	00	2.42
57105	10	3.68
57106	42	11.26
57107	42	36.08
57109	42	41.34
57110	42	23.23
57111	42	42.73
57112	42	44.09
57120	42	12.87
57130	10	4.87
57135	10	5.24
57150	00	1.71
57155	42	11.25
57160	00	2.00
57170	00	2.50
57180	10	3.92
57200	42	7.27
57210	42	9.20

CODE	FUD	UNIT VALUE
57220	42	7.90
57230	42	9.58
57240	42	10.49
57250	42	9.74
57260	42	14.06
57265	42	18.67
57267	ZZZ	7.49
57268	42	11.72
57270	42	19.74
57280	42	24.04
57282	42	12.38
57283	42	17.77
57284	42	21.23
57287	42	17.07
57288	42	20.02
57289	42	18.80
57291	42	13.79
57292	42	21.56
57300	42	12.74
57305	42	21.70
57307	42	24.82
57308	42	16.15
57310	42	11.14
57311	42	12.73
57320	42	13.04
57330	42	19.09
57335	42	29.61
57400	00	3.63
57410	00	3.93
57415	10	3.83
57420	00	3.13
57421	00	4.30
57425	42	24.10
57452	00	2.95
57454	00	4.25
57455	00	3.95
57456	00	3.72
57460	00	9.01
57461	00	9.94
57500	00	3.62
57505	10	2.73
57510	10	3.68
57511	10	3.94
57513	10	3.85
57520	42	8.44
57522	42	6.90
57530	42	8.74
57531	42	44.43
57540	42	19.91
57545	42	21.19
57550	42	10.00
57555	42	15.09
57556	42	14.14

CODE	FUD	UNIT VALUE
57700	42	7.05
57720	42	7.70
57800	00	1.62
57820	10	3.34
58100	00	3.03
58120	10	5.96
58140	42	23.46
58145	42	13.78
58146	42	30.24
58150	42	24.51
58152	42	32.83
58180	42	24.36
58200	42	34.04
58210	42	45.30
58240	42	60.09
58260	42	21.20
58262	42	23.90
58263	42	25.84
58267	42	27.42
58270	42	23.00
58275	42	25.37
58280	42	27.22
58285	42	34.85
58290	42	30.37
58291	42	33.11
58292	42	35.08
58293	42	36.43
58294	42	32.12
58300	XXX	2.55
58301	00	2.74
58321	00	2.17
58322	00	2.43
58323	00	0.79
58340	00	4.13
58345	10	7.49
58346	42	11.24
58350	10	2.62
58353	10	39.63
58356	10	14.02
58400	42	11.02
58410	42	20.59
58520	42	19.40
58540	42	23.33
58545	42	23.52
58546	42	30.16
58550	42	23.16
58552	42	25.69
58553	42	30.17
58554	42	34.60
58555	00	5.92
58558	00	7.48
58559	00	9.62
58560	00	10.90

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
58561	00	15.46
58562	00	8.17
58563	00	63.09
58565	42	57.77
58578	YYY	BR
58579	YYY	BR
58600	42	9.57
58605	42	8.69
58611	ZZZ	2.19
58615	10	7.06
58660	42	17.90
58661	10	17.48
58662	42	18.97
58670	42	9.53
58671	42	9.53
58672	42	20.62
58673	42	21.95
58679	YYY	BR
58700	42	19.51
58720	42	18.48
58740	42	22.78
58750	42	24.01
58752	42	23.54
58760	42	21.60
58770	42	22.57
58800	42	8.19
58805	42	10.03
58820	42	8.02
58822	42	16.47
58823	00	24.94
58825	42	18.07
58900	42	10.23
58920	42	18.32
58925	42	18.41
58940	42	12.27
58943	42	29.24
58950	42	27.31
58951	42	35.38
58952	42	39.68
58953	42	50.24
58954	42	54.76
58956	42	35.07
58960	42	23.74
58970	00	6.25
58974	00	3.75
58976	00	6.97
58999	YYY	BR
59000	00	3.68
59001	00	5.12
59012	00	5.79
59015	00	4.27
59020	00	1.70
59025	00	1.11

CODE	FUD	UNIT VALUE
59030	00	3.23
59050	XXX	1.45
59051	XXX	1.20
59070	00	10.67
59072	00	12.27
59074	00	10.09
59076	00	12.27
59100	42	21.69
59120	42	20.37
59121	42	20.72
59130	42	22.34
59135	42	24.35
59136	42	22.87
59140	42	8.95
59150	42	20.39
59151	42	20.23
59160	10	6.64
59200	00	2.17
59300	00	5.15
59320	00	4.30
59325	00	6.83
59350	00	7.98
59400	00	43.78
59409	00	21.96
59410	00	24.54
59412	00	2.92
59414	00	2.63
59425	00	10.13
59426	00	17.76
59430	00	3.86
59510	00	49.62
59514	00	25.92
59515	00	29.26
59525	ZZZ	13.76
59610	00	46.24
59612	00	24.64
59614	00	27.10
59618	00	52.51
59620	00	28.39
59622	00	31.99
59812	42	7.48
59820	42	9.36
59821	42	9.78
59830	42	11.52
59840	10	5.84
59841	10	9.95
59850	42	10.43
59851	42	10.94
59852	42	15.06
59855	42	11.09
59856	42	13.29
59857	42	15.99
59866	00	6.75

CODE	FUD	UNIT VALUE
59870	42	11.90
59871	42	4.37
59897	YYY	BR
59898	YYY	BR
59899	YYY	BR
60000	10	3.82
60001	00	2.45
60100	00	3.06
60200	42	16.53
60210	42	17.72
60212	42	25.60
60220	42	19.35
60225	42	23.20
60240	42	25.47
60252	42	32.94
60254	42	43.72
60260	42	28.02
60270	42	32.97
60271	42	27.17
60280	42	11.06
60281	42	15.08
60500	42	25.61
60502	42	32.18
60505	42	35.00
60512	ZZZ	6.60
60520	42	27.22
60521	42	31.13
60522	42	37.54
60540	42	26.34
60545	42	30.47
60600	42	31.05
60605	42	34.92
60650	42	30.22
60659	YYY	BR
60699	YYY	BR
61000	00	2.66
61001	00	2.71
61020	00	3.14
61026	00	3.36
61050	00	2.89
61055	00	3.68
61070	00	2.05
61105	42	10.34
61107	00	8.75
61108	42	19.84
61120	42	16.65
61140	42	29.79
61150	42	32.19
61151	42	23.18
61154	42	28.52
61156	42	30.18
61210	00	10.19
61215	42	10.08

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CODE	FUD	UNIT VALUE
61250	42	19.98
61253	42	22.65
61304	42	39.95
61305	42	47.66
61312	42	45.71
61313	42	45.95
61314	42	43.34
61315	42	50.56
61316	ZZZ	2.33
61320	42	46.57
61321	42	51.50
61322	42	52.38
61323	42	54.84
61330	42	39.35
61332	42	47.44
61333	42	47.29
61334	42	30.60
61340	42	34.34
61343	42	53.93
61345	42	49.23
61440	42	47.62
61450	42	45.92
61458	42	49.48
61460	42	50.64
61470	42	45.70
61480	42	48.40
61490	42	46.79
61500	42	32.62
61501	42	27.03
61510	42	52.19
61512	42	63.47
61514	42	45.91
61516	42	45.02
61517	ZZZ	2.36
61518	42	67.65
61519	42	74.07
61520	42	95.80
61521	42	79.14
61522	42	53.25
61524	42	50.14
61526	42	88.39
61530	42	74.84
61531	42	27.44
61533	42	36.13
61534	42	38.35
61535	42	21.95
61536	42	63.93
61537	42	46.45
61538	42	48.83
61539	42	58.01
61540	42	55.42
61541	42	51.54
61542	42	56.74

CODE	FUD	UNIT VALUE
61543	42	53.05
61544	42	45.20
61545	42	77.86
61546	42	56.21
61548	42	37.62
61550	42	22.54
61552	42	29.70
61556	42	38.19
61557	42	41.71
61558	42	41.08
61559	42	60.45
61563	42	47.14
61564	42	60.73
61566	42	55.47
61567	42	62.61
61570	42	43.79
61571	42	48.21
61575	42	59.04
61576	42	92.59
61580	42	59.21
61581	42	61.86
61582	42	65.82
61583	42	69.59
61584	42	66.81
61585	42	72.00
61586	42	51.96
61590	42	75.52
61591	42	78.61
61592	42	75.39
61595	42	55.74
61596	42	63.38
61597	42	69.20
61598	42	62.12
61600	42	49.20
61601	42	54.68
61605	42	54.06
61606	42	72.49
61607	42	66.69
61608	42	78.55
61609	ZZZ	17.26
61610	ZZZ	50.37
61611	ZZZ	13.10
61612	ZZZ	45.43
61613	42	75.40
61615	42	59.39
61616	42	79.81
61618	42	31.02
61619	42	36.81
61623	00	15.08
61624	00	28.93
61626	00	23.35
61680	42	55.69
61682	42	109.19

CODE	FUD	UNIT VALUE
61684	42	71.95
61686	42	115.26
61690	42	52.86
61692	42	92.55
61697	42	90.89
61698	42	87.11
61700	42	90.83
61702	42	84.69
61703	42	31.84
61705	42	64.16
61708	42	52.89
61710	42	47.74
61711	42	65.24
61720	42	29.43
61735	42	35.25
61750	42	33.28
61751	42	32.80
61760	42	36.02
61770	42	37.17
61790	42	19.43
61791	42	26.57
61793	42	31.57
61795	ZZZ	6.83
61850	42	23.22
61860	42	37.80
61863	42	35.95
61864	ZZZ	11.98
61867	42	54.52
61868	ZZZ	17.13
61870	42	28.45
61875	42	26.53
61880	42	12.43
61885	42	12.56
61886	42	16.26
61888	10	9.96
62000	42	19.06
62005	42	28.68
62010	42	36.29
62100	42	39.49
62115	42	38.73
62116	42	42.96
62117	42	46.41
62120	42	44.75
62121	42	41.08
62140	42	25.03
62141	42	27.42
62142	42	20.31
62143	42	24.25
62145	42	33.98
62146	42	29.25
62147	42	34.81
62148	ZZZ	3.33
62160	ZZZ	5.28

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CODE	FUD	UNIT VALUE
62161	42	37.08
62162	42	45.91
62163	42	29.37
62164	42	47.72
62165	42	38.30
62180	42	38.08
62190	42	20.89
62192	42	22.78
62194	10	8.34
62200	42	33.62
62201	42	27.69
62220	42	24.02
62223	42	24.11
62225	42	10.82
62230	42	19.54
62252	XXX	2.41
62256	42	12.93
62258	42	26.79
62263	10	19.24
62264	10	12.42
62268	00	16.69
62269	00	20.08
62270	00	4.20
62272	00	5.13
62273	00	5.00
62280	10	9.87
62281	10	8.49
62282	10	10.88
62284	00	6.63
62287	42	14.26
62290	00	10.38
62291	00	9.10
62292	42	13.13
62294	42	18.62
62310	00	6.84
62311	00	6.56
62318	00	7.89
62319	00	6.97
62350	42	11.78
62351	42	19.28
62355	42	9.34
62360	42	5.66
62361	42	10.10
62362	42	12.54
62365	42	9.82
62367	XXX	0.64
62368	XXX	1.00
63001	42	28.96
63003	42	29.42
63005	42	28.14
63011	42	26.08
63012	42	28.91
63015	42	35.83

CODE	FUD	UNIT VALUE
63016	42	35.40
63017	42	29.87
63020	42	28.06
63030	42	23.31
63035	ZZZ	5.51
63040	42	34.77
63042	42	32.86
63043	ZZZ	14.41
63044	ZZZ	13.69
63045	42	30.72
63046	42	29.43
63047	42	27.63
63048	ZZZ	5.63
63050	42	37.23
63051	42	42.36
63055	42	40.22
63056	42	37.46
63057	ZZZ	9.06
63064	42	44.44
63066	ZZZ	5.59
63075	42	35.95
63076	ZZZ	7.02
63077	42	37.90
63078	ZZZ	5.55
63081	42	43.37
63082	ZZZ	7.58
63085	42	46.53
63086	ZZZ	5.33
63087	42	60.62
63088	ZZZ	7.27
63090	42	48.21
63091	ZZZ	4.96
63101	42	56.67
63102	42	56.67
63103	ZZZ	7.99
63170	42	36.47
63172	42	32.64
63173	42	40.40
63180	42	33.14
63182	42	36.67
63185	42	25.77
63190	42	30.76
63191	42	34.27
63194	42	34.10
63195	42	34.68
63196	42	41.37
63197	42	38.61
63198	42	40.17
63199	42	43.28
63200	42	35.17
63250	42	69.55
63251	42	73.64
63252	42	73.43

CODE	FUD	UNIT VALUE
63265	42	39.57
63266	42	40.81
63267	42	33.25
63268	42	32.46
63270	42	48.78
63271	42	48.91
63272	42	46.00
63273	42	44.27
63275	42	43.01
63276	42	42.68
63277	42	38.17
63278	42	37.31
63280	42	51.62
63281	42	51.07
63282	42	48.07
63283	42	45.83
63285	42	64.86
63286	42	64.34
63287	42	65.86
63290	42	66.64
63295	ZZZ	8.42
63300	42	44.24
63301	42	48.01
63302	42	48.83
63303	42	51.84
63304	42	53.90
63305	42	55.68
63306	42	58.22
63307	42	52.81
63308	ZZZ	9.10
63600	42	20.88
63610	00	69.26
63615	42	28.16
63650	42	10.44
63655	42	19.49
63660	42	10.55
63685	42	12.19
63688	42	9.78
63700	42	30.23
63702	42	33.57
63704	42	38.60
63706	42	43.82
63707	42	21.35
63709	42	26.71
63710	42	26.42
63740	42	21.36
63741	42	14.58
63744	42	15.10
63746	42	11.68
64400	00	3.09
64402	00	2.95
64405	00	2.86
64408	00	3.09

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CODE	FUD	UNIT VALUE
64410	00	4.03
64412	00	3.91
64413	00	3.33
64415	00	4.38
64416	10	4.59
64417	00	4.58
64418	00	4.02
64420	00	5.15
64421	00	7.88
64425	00	3.54
64430	00	4.08
64435	00	4.12
64445	00	4.25
64446	10	4.49
64447	00	2.03
64448	10	4.02
64449	10	4.12
64450	00	2.64
64470	00	9.21
64472	ZZZ	3.71
64475	00	8.40
64476	ZZZ	3.17
64479	00	9.84
64480	ZZZ	4.50
64483	00	9.91
64484	ZZZ	4.70
64505	00	2.70
64508	00	4.51
64510	00	4.74
64517	00	5.03
64520	00	6.57
64530	00	6.13
64550	00	0.47
64553	10	5.33
64555	10	5.57
64560	10	5.20
64561	10	37.29
64565	10	5.17
64573	42	14.26
64575	42	7.60
64577	42	8.93
64580	42	8.02
64581	42	19.90
64585	10	13.54
64590	10	9.75
64595	10	12.31
64600	10	13.12
64605	10	15.92
64610	10	17.49
64612	10	4.56
64613	10	5.00
64614	10	5.53
64620	10	8.10

CODE	FUD	UNIT VALUE
64622	10	10.97
64623	ZZZ	4.02
64626	10	11.28
64627	ZZZ	5.77
64630	10	5.96
64640	10	7.22
64680	10	9.51
64681	10	13.11
64702	42	8.69
64704	42	8.48
64708	42	11.91
64712	42	13.69
64713	42	18.59
64714	42	15.70
64716	42	12.92
64718	42	13.01
64719	42	10.13
64721	42	10.36
64722	42	8.25
64726	42	7.51
64727	ZZZ	5.07
64732	42	8.84
64734	42	9.84
64736	42	9.13
64738	42	11.40
64740	42	11.39
64742	42	11.64
64744	42	10.09
64746	42	11.24
64752	42	12.25
64755	42	20.94
64760	42	11.18
64761	42	10.45
64763	42	13.05
64766	42	14.96
64771	42	14.11
64772	42	13.41
64774	42	9.74
64776	42	9.52
64778	ZZZ	5.06
64782	42	10.86
64783	ZZZ	6.05
64784	42	17.82
64786	42	27.80
64787	ZZZ	6.99
64788	42	8.74
64790	42	20.48
64792	42	26.08
64795	42	5.07
64802	42	15.55
64804	42	23.87
64809	42	20.91
64818	42	16.88

CODE	FUD	UNIT VALUE
64820	42	18.95
64821	42	17.32
64822	42	17.24
64823	42	20.03
64831	42	17.89
64832	ZZZ	9.42
64834	42	18.78
64835	42	20.28
64836	42	20.24
64837	ZZZ	10.44
64840	42	22.61
64856	42	25.04
64857	42	26.32
64858	42	30.54
64859	ZZZ	7.11
64861	42	35.03
64862	42	35.62
64864	42	22.59
64865	42	30.29
64866	42	30.91
64868	42	26.88
64870	42	25.99
64872	ZZZ	3.36
64874	ZZZ	4.93
64876	ZZZ	5.58
64885	42	30.77
64886	42	36.36
64890	42	27.40
64891	42	25.32
64892	42	25.94
64893	42	28.04
64895	42	31.42
64896	42	34.57
64897	42	31.42
64898	42	34.00
64901	ZZZ	16.83
64902	ZZZ	19.31
64905	42	24.47
64907	42	34.45
64999	YYY	BR
65091	42	15.12
65093	42	15.93
65101	42	16.91
65103	42	17.67
65105	42	19.37
65110	42	28.44
65112	42	33.87
65114	42	34.86
65125	42	12.10
65130	42	16.65
65135	42	17.01
65140	42	18.31
65150	42	14.55

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SURGERY

(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
65155	42	19.63
65175	42	15.09
65205	00	1.39
65210	00	1.69
65220	00	1.40
65222	00	1.87
65235	42	14.69
65260	42	21.16
65265	42	23.82
65270	10	7.22
65272	42	11.72
65273	42	8.15
65275	42	11.93
65280	42	14.26
65285	42	22.73
65286	42	16.91
65290	42	10.46
65400	42	14.68
65410	00	3.65
65420	42	13.22
65426	42	15.67
65430	00	2.83
65435	00	1.97
65436	42	8.48
65450	42	7.50
65600	42	8.57
65710	42	24.13
65730	42	26.95
65750	42	27.69
65755	42	27.49
65760	XXX	32.51
65765	XXX	37.70
65767	XXX	35.11
65770	42	31.59
65771	XXX	19.11
65772	42	10.02
65775	42	12.01
65780	42	20.96
65781	42	31.75
65782	42	27.41
65800	00	3.79
65805	00	4.17
65810	42	9.80
65815	42	15.29
65820	42	17.57
65850	42	19.46
65855	10	8.34
65860	42	7.76
65865	42	11.49
65870	42	12.98
65875	42	13.64
65880	42	14.46
65900	42	21.73

CODE	FUD	UNIT VALUE
65920	42	16.97
65930	42	14.63
66020	10	4.79
66030	10	4.27
66130	42	17.68
66150	42	18.15
66155	42	18.04
66160	42	20.84
66165	42	17.64
66170	42	24.95
66172	42	30.96
66180	42	26.00
66185	42	15.91
66220	42	15.28
66225	42	20.30
66250	42	17.96
66500	42	8.52
66505	42	9.26
66600	42	17.33
66605	42	23.56
66625	42	10.10
66630	42	12.16
66635	42	12.29
66680	42	10.97
66682	42	13.12
66700	42	10.25
66710	42	10.17
66711	42	13.37
66720	42	10.82
66740	42	10.09
66761	42	9.85
66762	42	10.45
66770	42	11.51
66820	42	9.88
66821	42	6.55
66825	42	17.68
66830	42	15.52
66840	42	15.14
66850	42	17.18
66852	42	18.55
66920	42	16.59
66930	42	18.78
66940	42	16.95
66982	42	23.95
66983	42	15.31
66984	42	18.05
66985	42	16.21
66986	42	22.02
66990	ZZZ	2.28
66999	YYY	BR
67005	42	10.83
67010	42	12.61
67015	42	13.70

CODE	FUD	UNIT VALUE
67025	42	16.39
67027	42	19.37
67028	00	5.34
67030	42	10.92
67031	42	8.44
67036	42	21.57
67038	42	37.74
67039	42	27.39
67040	42	31.73
67101	42	17.01
67105	42	15.85
67107	42	26.85
67108	42	36.23
67110	42	19.47
67112	42	29.47
67115	42	10.31
67120	42	14.85
67121	42	19.71
67141	42	11.30
67145	42	11.35
67208	42	13.14
67210	42	15.82
67218	42	31.57
67220	42	24.18
67221	42	8.53
67225	ZZZ	0.74
67227	42	13.48
67228	42	24.83
67250	42	18.29
67255	42	19.22
67299	YYY	BR
67311	42	13.03
67312	42	15.71
67314	42	14.45
67316	42	17.64
67318	42	15.18
67320	ZZZ	6.50
67331	ZZZ	6.09
67332	ZZZ	6.74
67334	ZZZ	5.96
67335	ZZZ	3.74
67340	ZZZ	7.37
67343	42	14.22
67345	10	5.71
67350	00	4.90
67399	YYY	BR
67400	42	21.58
67405	42	18.15
67412	42	20.95
67413	42	21.30
67414	42	23.81
67415	42	2.62
67420	42	38.64

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(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
67430	42	29.17
67440	42	28.10
67445	42	29.24
67450	42	28.91
67500	00	1.52
67505	00	1.56
67515	00	1.23
67550	42	22.20
67560	42	22.54
67570	42	27.93
67599	YYY	BR
67700	10	7.44
67710	10	6.44
67715	10	6.65
67800	10	3.07
67801	10	3.93
67805	10	4.85
67808	42	7.77
67810	00	4.88
67820	00	1.53
67825	10	3.18
67830	10	7.32
67835	42	10.46
67840	10	7.61
67850	10	5.14
67875	00	4.73
67880	42	10.60
67882	42	12.96
67900	42	15.57
67901	42	12.87
67902	42	12.93
67903	42	16.39
67904	42	16.29
67906	42	12.61
67908	42	12.04
67909	42	13.73
67911	42	10.35
67912	42	24.88
67914	42	10.22
67915	42	9.33
67916	42	13.65
67917	42	14.83
67921	42	9.76
67922	42	9.12
67923	42	14.31
67924	42	15.02
67930	10	9.52
67935	42	15.12
67938	10	6.78
67950	42	14.80
67961	42	14.69
67966	42	16.06
67971	42	17.59

CODE	FUD	UNIT VALUE
67973	42	22.91
67974	42	22.80
67975	42	16.57
67999	YYY	BR
68020	10	2.85
68040	00	1.60
68100	00	4.67
68110	10	5.96
68115	10	8.44
68130	42	13.88
68135	10	3.74
68200	00	1.05
68320	42	16.92
68325	42	14.33
68326	42	13.93
68328	42	16.00
68330	42	14.48
68335	42	13.92
68340	42	13.24
68360	42	12.62
68362	42	14.09
68371	10	10.06
68399	YYY	BR
68400	10	7.68
68420	10	8.61
68440	10	3.07
68500	42	21.28
68505	42	22.14
68510	00	12.17
68520	42	15.33
68525	00	6.67
68530	10	12.02
68540	42	20.58
68550	42	25.38
68700	42	12.92
68705	10	6.33
68720	42	17.30
68745	42	16.99
68750	42	17.39
68760	10	5.36
68761	10	3.70
68770	42	10.54
68801	10	2.93
68810	10	5.67
68811	10	4.90
68815	10	11.62
68840	10	2.91
68850	00	1.72
68899	YYY	BR
69000	10	4.45
69005	10	5.22
69020	10	5.59
69090	XXX	0.77

CODE	FUD	UNIT VALUE
69100	00	2.56
69105	00	3.26
69110	42	10.47
69120	42	10.60
69140	42	21.91
69145	42	8.62
69150	42	28.06
69155	42	42.29
69200	00	3.21
69205	10	2.66
69210	00	1.29
69220	00	3.26
69222	10	5.37
69300	YYY	11.29
69310	42	27.91
69320	42	40.17
69399	YYY	BR
69400	00	3.06
69401	00	1.92
69405	10	6.35
69410	00	2.46
69420	10	4.59
69421	10	4.04
69424	00	3.10
69433	10	4.74
69436	10	4.44
69440	42	16.94
69450	42	13.04
69501	42	18.83
69502	42	24.95
69505	42	31.24
69511	42	32.06
69530	42	42.31
69535	42	70.91
69540	10	5.04
69550	42	26.73
69552	42	41.67
69554	42	66.33
69601	42	26.94
69602	42	27.89
69603	42	33.51
69604	42	28.81
69605	42	40.90
69610	10	10.33
69620	42	17.47
69631	42	21.85
69632	42	27.24
69633	42	26.11
69635	42	31.14
69636	42	35.74
69637	42	35.54
69641	42	26.51
69642	42	34.46

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SURGERY

(CONVERSION FACTOR = $67.95)

CODE	FUD	UNIT VALUE
69643	42	31.36
69644	42	38.71
69645	42	37.71
69646	42	40.18
69650	42	20.34
69660	42	24.02
69661	42	31.69
69662	42	30.42
69666	42	20.50
69667	42	20.52
69670	42	24.12
69676	42	21.06
69700	42	18.13
69710	XXX	BR
69711	42	22.04
69714	42	27.77
69715	42	34.72
69717	42	30.33
69718	42	36.95
69720	42	30.06
69725	42	47.89
69740	42	30.62
69745	42	32.77
69799	YYY	BR
69801	42	18.70
69802	42	26.46
69805	42	26.80
69806	42	24.38
69820	42	22.44
69840	42	24.20
69905	42	23.45
69910	42	26.59
69915	42	39.33
69930	42	32.89
69949	YYY	BR
69950	42	46.76
69955	42	50.84
69960	42	49.20
69970	42	55.85
69979	YYY	BR
69990	ZZZ	6.08

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RADIOLOGY GROUND RULES

(Including Nuclear Medicine and Diagnostic Ultrasound)

1. **DUPLICATION OF X-RAYS:** Every attempt should be made to minimize the number of x-rays taken. The attending health care provider or any other person or institution having possession of x-rays, which pertain to the patient and are deemed to be needed for diagnostic or treatment purposes, should make those x-rays available upon request. No payments shall be made for additional x-rays when recent x-rays are available, except when the charge is supported by adequate information regarding the need to perform another x-ray.

2. **PHOTOGRAPHIC MEDIA:** The use of photographic media or imaging is not reported separately but is considered to be a component of the basic procedure and shall not merit any additional payment.

3. **XERORADIOGRAPHY:** Imaging performed by this process shall have the same Maximum Allowable Fees as those listed for conventional x-ray procedures of the same anatomical area and views.

4. **UNIT VALUES:** The Unit Values contained within this fee schedule include both the "professional component" and the "technical component". Identification of a service or procedure by its five digit code, without pertinent modifiers, indicates that the services provided includes both the professional and technical components.

   The **professional component** includes the examination of the patient when indicated, performance or supervision of the procedure, interpretation and written report of the examination including procedure results (e.g., x-ray images), and consultation with the referring health care provider. To identify a charge for the professional component only, see Appendix A - Modifiers for modifier -26. **The percentage is shown in the "PC/TC" column of this fee schedule.**

   The **technical component** includes the charges for personnel, materials and other supplies, and space, equipment, and other facilities, but excludes the cost of radioisotopes. To identify a charge for the technical component only, see Appendix A - Modifiers for modifier -TC. **The percentage is shown in the "PC/TC" column of this fee schedule.**

   Hospital outpatient facilities and ambulatory surgical centers must specify, by use of modifiers, when <u>only</u> the technical component or the professional component is provided.

5. **SERVICES PROVIDED BY A HOSPITAL OUTPATIENT FACILITY AND/OR AMBULATORY SURGICAL CENTER:** For any radiology service(s) provided by a hospital outpatient facility and/or ambulatory surgical center, reimbursement for said service is to be limited to the maximum allowable payment contained within this section of the Fee Schedule.

6. **NECESSITY OF SERVICES OR PROCEDURES:** When a patient is referred to radiologists or other health care providers for services covered in the Radiology Section, the provider(s) shall evaluate the patient's problem and determine the services or procedures medically necessary. Such evaluations or necessary consultations with the referring health care providers are an integral part of the professional component and do not merit any additional charges. **No payment shall be made for excessive or inappropriate x-rays taken on initial or subsequent visits.**

7. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.

8. **SEPARATE PROCEDURE:** Some of the procedures or services listed are commonly carried out as an integral component of a total service or procedure and are identified by the inclusion of the term "separate procedure." The codes designated as "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

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However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific “separate procedure” code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

9. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

10. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25% of the cost or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

    The Unit Values in this section do not include radiopharmaceutical or other radionuclide material costs. List the name and dosage of radiopharmaceutical material and cost.

11. **INJECTION PROCEDURES:** Charges for injection procedures are to include all usual pre- and post-injection care specifically related to the injection procedure, necessary local anesthesia, placement of needle or catheter, and injection of contrast media. Vascular injection procedures are listed under the Cardiovascular Subsection of the Surgery Section, procedure codes 36000-36299. Other injection procedures are listed in pertinent sections.

12. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the unit value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual, or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc. Additional items which may be helpful might include: complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

13. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

14. **MODIFIERS:** Procedure codes for radiology services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.

15. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $63.15

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RADIOLOGY

(CONVERSION FACTOR = $63.15)

CODE	PC/TC	UNIT VALUE
70010	40/60	6.19
70015	40/60	3.09
70030	40/60	0.68
70100	40/60	0.79
70110	40/60	1.00
70120	40/60	0.91
70130	40/60	1.30
70134	40/60	1.25
70140	40/60	0.92
70150	40/60	1.18
70160	40/60	0.78
70170	40/60	1.42
70190	40/60	0.95
70200	40/60	1.21
70210	40/60	0.90
70220	40/60	1.17
70240	40/60	0.70
70250	40/60	0.99
70260	40/60	1.42
70300	40/60	0.44
70310	40/60	0.69
70320	40/60	1.14
70328	40/60	0.76
70330	40/60	1.22
70332	40/60	2.99
70336	20/80	13.83
70350	40/60	0.65
70355	40/60	0.89
70360	40/60	0.68
70370	40/60	1.81
70371	40/60	3.38
70373	40/60	2.49
70380	40/60	0.95
70390	40/60	2.41
70450	20/80	6.14
70460	20/80	7.51
70470	20/80	9.19
70480	20/80	6.73
70481	20/80	7.85
70482	20/80	9.43
70486	20/80	6.53
70487	20/80	7.75
70488	20/80	9.38
70490	20/80	6.73
70491	20/80	7.85
70492	20/80	9.42
70496	20/80	13.58
70498	20/80	13.58
70540	20/80	13.44
70542	20/80	16.13
70543	20/80	28.68
70544	20/80	13.44

CODE	PC/TC	UNIT VALUE
70545	20/80	13.43
70546	20/80	25.47
70547	20/80	13.43
70548	20/80	13.43
70549	20/80	25.47
70551	20/80	13.83
70552	20/80	16.59
70553	20/80	29.44
70557	20/80	20.55
70558	20/80	22.70
70559	20/80	22.80
71010	40/60	0.74
71015	40/60	0.83
71020	40/60	0.96
71021	40/60	1.15
71022	40/60	1.20
71023	40/60	1.36
71030	40/60	1.25
71034	40/60	2.16
71035	40/60	0.79
71040	40/60	2.34
71060	40/60	3.35
71090	40/60	2.56
71100	40/60	0.91
71101	40/60	1.08
71110	40/60	1.20
71111	40/60	1.38
71120	40/60	0.97
71130	40/60	1.05
71250	20/80	7.81
71260	20/80	9.15
71270	20/80	11.20
71275	20/80	15.41
71550	20/80	13.65
71551	20/80	16.34
71552	20/80	28.66
71555	20/80	14.28
72010	40/60	1.70
72020	40/60	0.65
72040	40/60	0.94
72050	40/60	1.37
72052	40/60	1.69
72069	40/60	0.82
72070	40/60	0.99
72072	40/60	1.08
72074	40/60	1.27
72080	40/60	1.01
72090	40/60	1.09
72100	40/60	1.01
72110	40/60	1.39
72114	40/60	1.75
72120	40/60	1.25

CODE	PC/TC	UNIT VALUE
72125	20/80	7.81
72126	20/80	9.11
72127	20/80	11.06
72128	20/80	7.81
72129	20/80	9.12
72130	20/80	11.06
72131	20/80	7.81
72132	20/80	9.11
72133	20/80	11.06
72141	20/80	13.99
72142	20/80	16.79
72146	20/80	15.28
72147	20/80	16.78
72148	20/80	15.12
72149	20/80	16.60
72156	20/80	29.73
72157	20/80	29.71
72158	20/80	29.44
72159	20/80	15.46
72170	40/60	0.78
72190	40/60	1.00
72191	20/80	14.91
72192	20/80	7.72
72193	20/80	8.79
72194	20/80	10.59
72195	20/80	13.66
72196	20/80	16.34
72197	20/80	28.90
72198	20/80	14.26
72200	40/60	0.78
72202	40/60	0.92
72220	40/60	0.85
72240	40/60	6.24
72255	40/60	5.77
72265	40/60	5.41
72270	40/60	8.24
72275	40/60	3.32
72285	40/60	10.40
72295	40/60	9.42
73000	40/60	0.76
73010	40/60	0.78
73020	40/60	0.70
73030	40/60	0.86
73040	40/60	2.96
73050	40/60	0.99
73060	40/60	0.85
73070	40/60	0.75
73080	40/60	0.85
73085	40/60	2.98
73090	40/60	0.76
73092	40/60	0.73
73100	40/60	0.73

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RADIOLOGY

(CONVERSION FACTOR = $63.15)

CODE	PC/TC	UNIT VALUE
73110	40/60	0.79
73115	40/60	2.43
73120	40/60	0.73
73130	40/60	0.79
73140	40/60	0.62
73200	20/80	6.71
73201	20/80	7.81
73202	20/80	9.49
73206	20/80	13.83
73218	20/80	13.44
73219	20/80	16.14
73220	20/80	28.68
73221	20/80	13.44
73222	20/80	16.13
73223	20/80	28.68
73225	20/80	14.10
73500	40/60	0.73
73510	40/60	0.90
73520	40/60	1.07
73525	40/60	2.97
73530	40/60	0.94
73540	40/60	0.89
73542	40/60	3.01
73550	40/60	0.85
73560	40/60	0.78
73562	40/60	0.86
73564	40/60	0.96
73565	40/60	0.75
73580	40/60	3.50
73590	40/60	0.78
73592	40/60	0.73
73600	40/60	0.73
73610	40/60	0.79
73615	40/60	2.97
73620	40/60	0.73
73630	40/60	0.79
73650	40/60	0.71
73660	40/60	0.62
73700	20/80	6.71
73701	20/80	7.81
73702	20/80	9.48
73706	20/80	13.96
73718	20/80	13.44
73719	20/80	16.13
73720	20/80	28.67
73721	20/80	13.44
73722	20/80	16.13
73723	20/80	28.68
73725	20/80	14.29
74000	40/60	0.79
74010	40/60	0.93
74020	40/60	1.03

CODE	PC/TC	UNIT VALUE
74022	40/60	1.21
74150	20/80	7.59
74160	20/80	8.95
74170	20/80	10.84
74175	20/80	15.02
74181	20/80	13.65
74182	20/80	16.34
74183	20/80	28.90
74185	20/80	14.26
74190	40/60	2.04
74210	40/60	1.75
74220	40/60	1.88
74230	40/60	2.10
74235	40/60	4.40
74240	40/60	2.49
74241	40/60	2.52
74245	40/60	3.76
74246	40/60	2.69
74247	40/60	2.74
74249	40/60	3.96
74250	40/60	2.02
74251	40/60	2.33
74260	40/60	2.25
74270	40/60	2.76
74280	40/60	3.71
74283	40/60	5.47
74290	40/60	1.21
74291	40/60	0.72
74300	40/60	1.43
74301	40/60	0.83
74305	40/60	1.41
74320	40/60	4.06
74327	40/60	2.83
74328	40/60	4.28
74329	40/60	4.28
74330	40/60	4.55
74340	40/60	3.50
74350	40/60	4.36
74355	40/60	3.80
74360	40/60	4.08
74363	40/60	7.64
74400	40/60	2.46
74410	40/60	2.73
74415	40/60	2.91
74420	40/60	3.26
74425	40/60	1.88
74430	40/60	1.55
74440	40/60	1.71
74445	40/60	2.77
74450	40/60	2.00
74455	40/60	2.14
74470	40/60	2.06

CODE	PC/TC	UNIT VALUE
74475	40/60	5.03
74480	40/60	5.03
74485	40/60	4.06
74710	40/60	1.58
74740	40/60	1.91
74742	40/60	4.16
74775	40/60	2.40
75552	20/80	13.99
75553	20/80	14.51
75554	20/80	14.33
75555	20/80	14.24
75556	20/80	BR
75600	40/60	13.95
75605	40/60	14.84
75625	40/60	14.83
75630	40/60	16.33
75635	20/80	19.60
75650	40/60	15.31
75658	40/60	15.10
75660	40/60	15.08
75662	40/60	15.58
75665	40/60	15.09
75671	40/60	15.55
75676	40/60	15.09
75680	40/60	15.55
75685	40/60	15.06
75705	40/60	16.29
75710	40/60	14.85
75716	40/60	15.06
75722	40/60	14.85
75724	40/60	15.36
75726	40/60	14.81
75731	40/60	14.82
75733	40/60	15.06
75736	40/60	14.83
75741	40/60	15.05
75743	40/60	15.52
75746	40/60	14.82
75756	40/60	14.88
75774	40/60	13.75
75790	40/60	3.97
75801	40/60	6.85
75803	40/60	7.30
75805	40/60	7.56
75807	40/60	8.03
75809	40/60	1.47
75810	40/60	14.81
75820	40/60	1.98
75822	40/60	3.02
75825	40/60	14.83
75827	40/60	14.82
75831	40/60	14.83

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CODE	PC/TC	UNIT VALUE
75833	40/60	15.32
75840	40/60	14.84
75842	40/60	15.29
75860	40/60	14.83
75870	40/60	14.83
75872	40/60	14.89
75880	40/60	1.97
75885	40/60	15.23
75887	40/60	15.22
75889	40/60	14.81
75891	40/60	14.81
75893	40/60	14.00
75894	40/60	27.22
75896	40/60	23.92
75898	40/60	3.39
75900	40/60	22.76
75901	40/60	2.81
75902	40/60	2.68
75940	40/60	14.01
75945	40/60	5.38
75946	40/60	3.01
75952	40/60	64.20
75953	40/60	19.40
75954	40/60	31.80
75960	40/60	16.82
75961	40/60	16.90
75962	40/60	17.33
75964	40/60	9.33
75966	40/60	18.41
75968	40/60	9.33
75970	40/60	13.29
75978	40/60	17.32
75980	40/60	7.67
75982	40/60	8.40
75984	40/60	3.04
75989	40/60	4.95
75992	40/60	17.33
75993	40/60	9.33
75994	40/60	18.41
75995	40/60	18.40
75996	40/60	9.32
75998	40/60	1.93
76000	40/60	1.61
76001	40/60	3.70
76003	40/60	2.12
76005	40/60	2.17
76006	40/60	0.65
76010	40/60	0.79
76012	40/60	5.37
76013	40/60	9.70
76020	40/60	0.80
76040	40/60	1.20

CODE	PC/TC	UNIT VALUE
76061	40/60	1.68
76062	40/60	2.26
76065	40/60	1.74
76066	40/60	1.60
76070	20/80	3.45
76071	20/80	3.30
76075	40/60	3.67
76076	40/60	1.11
76077	40/60	1.04
76078	40/60	1.08
76080	40/60	1.85
76082	40/60	0.52
76083	40/60	0.52
76086	40/60	3.26
76088	40/60	4.47
76090	40/60	2.07
76091	40/60	2.57
76092	40/60	2.26
76093	20/80	20.77
76094	20/80	27.38
76095	40/60	9.73
76096	40/60	2.15
76098	40/60	0.66
76100	40/60	2.12
76101	40/60	2.30
76102	40/60	2.64
76120	40/60	1.64
76125	40/60	1.20
76140	40/60	BR
76150	40/60	0.44
76350	40/60	1.04
76355	20/80	10.35
76360	20/80	10.27
76362	20/80	15.20
76370	20/80	4.28
76375	40/60	3.94
76380	20/80	5.02
76390	20/80	13.54
76393	20/80	13.84
76394	20/80	18.62
76400	20/80	13.98
76496	40/60	BR
76497	20/80	BR
76498	20/80	BR
76499	40/60	BR
76506	40/60	2.42
76510	40/60	4.51
76511	40/60	3.47
76512	40/60	3.29
76513	40/60	2.59
76514	40/60	0.32
76516	40/60	2.08

CODE	PC/TC	UNIT VALUE
76519	40/60	2.17
76529	40/60	2.04
76536	40/60	2.27
76604	40/60	2.13
76645	40/60	1.85
76700	40/60	3.20
76705	40/60	2.31
76770	40/60	3.09
76775	40/60	2.30
76778	40/60	3.09
76800	40/60	3.02
76801	40/60	3.59
76802	40/60	2.33
76805	40/60	3.59
76810	40/60	2.63
76811	40/60	6.66
76812	40/60	3.98
76815	40/60	2.41
76816	40/60	2.38
76817	40/60	2.62
76818	40/60	3.20
76819	40/60	2.79
76820	40/60	2.45
76821	40/60	2.73
76825	40/60	4.42
76826	40/60	1.91
76827	40/60	2.66
76828	40/60	2.00
76830	40/60	2.57
76831	40/60	2.62
76856	40/60	2.57
76857	40/60	2.29
76870	40/60	2.50
76872	40/60	3.07
76873	40/60	4.40
76880	40/60	2.31
76885	40/60	2.63
76886	40/60	2.35
76930	40/60	2.56
76932	40/60	2.56
76936	40/60	9.41
76937	40/60	0.91
76940	40/60	4.75
76941	40/60	3.49
76942	40/60	3.83
76945	40/60	2.54
76946	40/60	2.16
76948	40/60	2.15
76950	40/60	2.18
76965	40/60	7.71
76970	40/60	1.66
76975	40/60	2.75

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CODE	PC/TC	UNIT VALUE
76977	40/60	0.95
76986	40/60	4.48
76999	40/60	BR
77261	40/60	1.97
77262	40/60	2.97
77263	40/60	4.41
77280	40/60	4.61
77285	40/60	7.31
77290	40/60	9.00
77295	40/60	35.67
77299	40/60	BR
77300	40/60	2.26
77301	40/60	40.36
77305	40/60	2.94
77310	40/60	3.90
77315	40/60	4.94
77321	40/60	5.55
77326	40/60	3.77
77327	40/60	5.55
77328	40/60	8.08
77331	40/60	1.71
77332	40/60	2.15
77333	40/60	3.15
77334	40/60	5.12
77336	40/60	3.14
77370	40/60	3.67
77399	40/60	BR
77401	40/60	1.88
77402	40/60	1.88
77403	40/60	1.88
77404	40/60	1.88
77406	40/60	1.88
77407	40/60	2.21
77408	40/60	2.21
77409	40/60	2.21
77411	40/60	2.21
77412	40/60	2.46
77413	40/60	2.46
77414	40/60	2.46
77416	40/60	2.46
77417	40/60	0.63
77418	40/60	18.11
77427	40/60	4.54
77431	40/60	2.58
77432	40/60	11.23
77470	40/60	14.61
77499	40/60	BR
77520	40/60	BR
77522	40/60	BR
77523	40/60	BR
77525	40/60	BR
77600	40/60	5.35

CODE	PC/TC	UNIT VALUE
77605	40/60	7.19
77610	40/60	5.36
77615	40/60	7.14
77620	40/60	5.49
77750	40/60	8.13
77761	40/60	7.72
77762	40/60	11.64
77763	40/60	16.47
77776	40/60	8.34
77777	40/60	14.70
77778	40/60	20.71
77781	40/60	23.63
77782	40/60	24.78
77783	40/60	26.46
77784	40/60	29.04
77789	40/60	2.01
77790	40/60	1.96
77799	40/60	BR
78000	40/60	1.29
78001	40/60	1.74
78003	40/60	1.48
78006	40/60	3.18
78007	40/60	3.40
78010	40/60	2.47
78011	40/60	3.16
78015	40/60	3.64
78016	40/60	4.80
78018	40/60	6.91
78020	40/60	2.28
78070	40/60	5.52
78075	40/60	6.74
78099	40/60	BR
78102	40/60	2.92
78103	40/60	4.38
78104	40/60	5.39
78110	40/60	1.28
78111	40/60	3.02
78120	40/60	2.16
78121	40/60	3.49
78122	40/60	5.47
78130	40/60	3.84
78135	40/60	6.01
78140	40/60	4.98
78160	40/60	4.34
78162	40/60	4.03
78170	40/60	6.16
78172	40/60	2.88
78185	40/60	3.05
78190	40/60	7.57
78191	40/60	8.55
78195	40/60	5.96
78199	40/60	BR

CODE	PC/TC	UNIT VALUE
78201	40/60	3.10
78202	40/60	3.72
78205	40/60	7.20
78206	40/60	7.35
78215	40/60	3.75
78216	40/60	4.44
78220	40/60	4.58
78223	40/60	5.01
78230	40/60	2.93
78231	40/60	4.06
78232	40/60	4.37
78258	40/60	4.04
78261	40/60	5.28
78262	40/60	5.41
78264	40/60	5.42
78267	40/60	0.29
78268	40/60	2.48
78270	40/60	1.93
78271	40/60	2.02
78272	40/60	2.82
78278	40/60	6.48
78282	40/60	2.12
78290	40/60	4.15
78291	40/60	4.44
78299	40/60	BR
78300	40/60	3.48
78305	40/60	5.00
78306	40/60	5.68
78315	40/60	6.43
78320	40/60	7.66
78350	40/60	1.10
78351	40/60	2.03
78399	40/60	BR
78414	40/60	2.10
78428	40/60	3.48
78445	40/60	2.65
78455	40/60	5.20
78456	40/60	5.65
78457	40/60	3.87
78458	40/60	5.49
78459	40/60	7.07
78460	40/60	3.68
78461	40/60	6.68
78464	40/60	8.95
78465	40/60	14.45
78466	40/60	3.72
78468	40/60	4.95
78469	40/60	6.76
78472	40/60	7.17
78473	40/60	10.72
78478	40/60	2.53
78480	40/60	2.52

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CODE	PC/TC	UNIT VALUE
78481	40/60	6.88
78483	40/60	10.34
78491	40/60	7.17
78492	40/60	8.93
78494	40/60	9.03
78496	40/60	8.07
78499	40/60	BR
78580	40/60	4.63
78584	40/60	4.73
78585	40/60	7.44
78586	40/60	3.28
78587	40/60	3.62
78588	40/60	4.88
78591	40/60	3.54
78593	40/60	4.30
78594	40/60	5.96
78596	40/60	9.18
78599	40/60	BR
78600	40/60	3.63
78601	40/60	4.28
78605	40/60	4.31
78606	40/60	4.96
78607	40/60	8.61
78608	40/60	BR
78609	40/60	BR
78610	40/60	2.10
78615	40/60	4.65
78630	40/60	6.25
78635	40/60	3.54
78645	40/60	4.39
78647	40/60	7.47
78650	40/60	5.73
78660	40/60	2.97
78699	40/60	BR
78700	40/60	3.83
78701	40/60	4.41
78704	40/60	5.18
78707	40/60	6.02
78708	40/60	6.37
78709	40/60	6.64
78710	40/60	7.13
78715	40/60	2.10
78725	40/60	2.42
78730	40/60	2.04
78740	40/60	3.03
78760	40/60	3.73
78761	40/60	4.35
78799	40/60	BR
78800	40/60	4.50
78801	40/60	5.55
78802	40/60	7.02
78803	40/60	8.42

CODE	PC/TC	UNIT VALUE
78804	40/60	12.84
78805	40/60	4.59
78806	40/60	7.97
78807	40/60	8.42
78811	40/60	6.60
78812	40/60	8.16
78813	40/60	8.44
78814	40/60	9.24
78815	40/60	10.20
78816	40/60	10.44
78890	40/60	1.45
78891	40/60	2.90
78999	40/60	BR
79005	40/60	5.24
79101	40/60	5.47
79200	40/60	5.53
79300	40/60	3.82
79403	40/60	7.65
79440	40/60	5.55
79445	40/60	6.12
79999	40/60	BR

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PATHOLOGY AND LABORATORY GROUND RULES

1. **SEROLOGY:** All serological procedures must be performed by registered pathologists or laboratories.

2. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and material provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to list individually any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

3. **UNIT VALUES:** The Unit Values specified herein apply to laboratories owned or operated by a health care provider, hospital laboratories, and commercial laboratories, but only when the services or procedures are performed by or under the responsible supervision of a health care provider. When a health care provider is hospital based and is not salaried or otherwise compensated for the services listed in this section, a separate bill can be rendered for the particular service. The charge is to be 60% of the Unit Value.

   The Unit Values specified herein include both the "professional" component and the "technical" component. Identification of a service or procedure by its five-digit code, without pertinent modifiers, indicates that the charge includes both the professional and technical components.

   The **professional component** includes the examination of the patient when indicated, performance or supervision of the procedure, interpretation and written report of the examination including procedure results (e.g., x-ray images), and consultation with the referring health care provider. To identify a charge for the professional component only, see Appendix A - Modifiers for modifier -26. **Unless otherwise specified in the Schedule, the maximum allowable charge for the professional component is 60% of the listed Unit Value.**

   The **technical component** includes the charges for personnel, materials and other supplies, and space, equipment, and other facilities, but excludes the cost of radioisotopes. To identify a charge for the technical component only, see Appendix A - Modifiers for modifier -TC. **Unless otherwise specified in the Schedule, the maximum allowable charge for the technical component is 40% of the listed Unit Value.**

   Hospital outpatient facilities and ambulatory surgical centers must specify, by use of modifiers, when <u>only</u> the technical component or the professional component is provided.

4. **SERVICES PROVIDED BY HOSPITAL OUTPATIENT FACILITIES AND/OR AMBULATORY SURGICAL CENTERS:** For any pathology and laboratory service(s) provided by a hospital outpatient facility and/or ambulatory surgical center, reimbursement for said service is to be limited to the maximum allowable payment contained within this section of the Fee Schedule.

5. **ANATOMIC AND SURGICAL PATHOLOGY:** The sections of Anatomic Pathology and Surgical Pathology are exempt from the 60/40 split. Instead, the professional component of the procedures listed in those sections will be reimbursed at 80% of the listed unit value, and the technical component will be reimbursed at 20% of the listed unit value.

6. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.

7. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit value assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the

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PATHOLOGY AND LABORATORY GROUND RULES

codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

8. **REPORTS:** No statement of charges for services or procedures included in this section shall be considered properly rendered unless it is accompanied by a report that includes both the findings and an interpretation of such findings.

9. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Unit Value column indicates that the charge for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

10. **INDICES OR RATIOS:** Tests which produce an index or ratio based on mathematical calculations from two or more other results may not be billed as separate independent tests (e.g., A/G ratio, free thyroxin index).

11. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

12. **DENIAL OF PAYMENT:** Payment may be denied for procedures or services determined to be excessive or unnecessary for the management of the work-related injury or disease.

13. **MODIFIERS:** Procedure codes for pathology and laboratory services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.

14. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $75.10

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PATHOLOGY AND LABORATORY

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CODE	UNIT VALUE
80048	0.31
80050	1.14
80051	0.26
80053	0.39
80055	1.31
80061	0.80
80069	0.32
80074	1.96
80076	0.30
80100	0.54
80101	0.51
80102	0.49
80103	0.52
80150	0.56
80152	0.66
80154	0.68
80156	0.54
80157	0.49
80158	0.67
80160	0.63
80162	0.49
80164	0.50
80166	0.57
80168	0.60
80170	0.60
80172	0.60
80173	0.54
80174	0.63
80176	0.54
80178	0.24
80182	0.50
80184	0.42
80185	0.49
80186	0.51
80188	0.61
80190	0.62
80192	0.62
80194	0.54
80196	0.26
80197	0.51
80198	0.52
80200	0.59
80201	0.44
80202	0.50
80299	0.50
80400	1.96
80402	3.60
80406	3.35
80408	4.49
80410	4.01
80412	9.98
80414	1.48

CODE	UNIT VALUE
80415	1.48
80416	4.66
80417	2.00
80418	27.81
80420	3.54
80422	2.20
80424	2.14
80426	5.20
80428	2.60
80430	3.16
80432	5.64
80434	3.74
80435	3.97
80436	3.66
80438	1.75
80439	2.18
80440	2.14
80500	0.59
80502	1.93
81000	0.12
81001	0.12
81002	0.09
81003	0.08
81005	0.08
81007	0.09
81015	0.11
81020	0.14
81025	0.23
81050	0.11
81099	BR
82000	0.46
82003	0.75
82009	0.17
82010	0.30
82013	0.41
82016	0.51
82017	0.62
82024	1.42
82030	0.95
82040	0.18
82042	0.19
82043	0.21
82044	0.17
82045	1.25
82055	0.40
82075	0.44
82085	0.36
82088	1.50
82101	1.11
82103	0.50
82104	0.53
82105	0.62

CODE	UNIT VALUE
82106	0.62
82108	0.94
82120	0.14
82127	0.51
82128	0.51
82131	0.62
82135	0.61
82136	0.62
82139	0.62
82140	0.54
82143	0.25
82145	0.57
82150	0.24
82154	1.06
82157	1.08
82160	0.92
82163	0.76
82164	0.54
82172	0.57
82175	0.70
82180	0.36
82190	0.55
82205	0.42
82232	0.60
82239	0.63
82240	0.98
82247	0.19
82248	0.19
82252	0.17
82261	0.62
82270	0.12
82273	0.12
82274	0.59
82286	0.25
82300	0.85
82306	1.09
82307	1.19
82308	0.99
82310	0.19
82330	0.50
82331	0.19
82340	0.22
82355	0.43
82360	0.47
82365	0.48
82370	0.46
82373	0.67
82374	0.18
82375	0.45
82376	0.22
82378	0.70
82379	0.62

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PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = $75.10)

CODE	UNIT VALUE
82380	0.34
82382	0.63
82383	0.92
82384	0.93
82387	0.77
82390	0.40
82397	0.52
82415	0.47
82435	0.17
82436	0.19
82438	0.18
82441	0.22
82465	0.16
82480	0.29
82482	0.28
82485	0.76
82486	0.67
82487	0.59
82488	0.79
82489	0.68
82491	0.67
82492	0.67
82495	0.75
82507	1.03
82520	0.56
82523	0.69
82525	0.46
82528	0.83
82530	0.62
82533	0.60
82540	0.17
82541	0.67
82542	0.67
82543	0.67
82544	0.67
82550	0.24
82552	0.49
82553	0.43
82554	0.44
82565	0.19
82570	0.19
82575	0.35
82585	0.32
82595	0.24
82600	0.72
82607	0.56
82608	0.53
82615	0.30
82626	0.93
82627	0.82
82633	1.14
82634	1.08

CODE	UNIT VALUE
82638	0.45
82646	0.76
82649	0.95
82651	0.95
82652	1.42
82654	0.51
82656	0.43
82657	0.67
82658	0.67
82664	1.27
82666	0.79
82668	0.69
82670	1.03
82671	1.19
82672	0.80
82677	0.89
82679	0.92
82690	0.64
82693	0.55
82696	0.87
82705	0.19
82710	0.62
82715	0.63
82725	0.49
82726	0.67
82728	0.50
82731	2.37
82735	0.68
82742	0.73
82746	0.54
82747	0.64
82757	0.64
82759	0.79
82760	0.41
82775	0.78
82776	0.31
82784	0.34
82785	0.61
82787	0.30
82800	0.31
82803	0.71
82805	1.05
82810	0.32
82820	0.37
82926	0.20
82928	0.24
82938	0.65
82941	0.65
82943	0.53
82945	0.14
82946	0.56
82947	0.14

CODE	UNIT VALUE
82948	0.12
82950	0.18
82951	0.47
82952	0.14
82953	0.56
82955	0.36
82960	0.22
82962	0.09
82963	0.79
82965	0.29
82975	0.58
82977	0.27
82978	0.53
82979	0.25
82980	0.68
82985	0.56
83001	0.69
83002	0.68
83003	0.61
83008	0.62
83009	2.48
83010	0.46
83012	0.63
83013	2.48
83014	0.29
83015	0.69
83018	0.81
83020	1.00
83021	0.67
83026	0.09
83030	0.31
83033	0.22
83036	0.36
83045	0.18
83050	0.27
83051	0.27
83055	0.18
83060	0.31
83065	0.25
83068	0.31
83069	0.15
83070	0.18
83071	0.25
83080	0.62
83088	1.09
83090	0.62
83150	0.71
83491	0.65
83497	0.48
83498	1.00
83499	0.93
83500	0.84

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PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = $75.10)

CODE	UNIT VALUE
83505	0.90
83516	0.43
83518	0.31
83519	0.50
83520	0.48
83525	0.42
83527	0.48
83528	0.59
83540	0.24
83550	0.32
83570	0.33
83582	0.52
83586	0.47
83593	0.97
83605	0.39
83615	0.22
83625	0.47
83630	0.43
83632	0.75
83633	0.20
83634	0.42
83655	0.45
83661	0.81
83662	0.70
83663	0.70
83664	0.70
83670	0.34
83690	0.25
83715	0.42
83716	0.92
83718	0.30
83719	0.43
83721	0.35
83727	0.63
83735	0.25
83775	0.27
83785	0.91
83788	0.67
83789	0.67
83805	0.65
83825	0.60
83835	0.62
83840	0.60
83857	0.40
83858	0.55
83864	0.73
83866	0.36
83872	0.22
83873	0.63
83874	0.48
83880	1.25
83883	0.50

CODE	UNIT VALUE
83885	0.90
83887	0.87
83890	0.15
83891	0.15
83892	0.15
83893	0.15
83894	0.15
83896	0.15
83897	0.15
83898	0.62
83901	0.62
83902	0.52
83903	0.62
83904	0.62
83905	0.62
83906	0.62
83912	0.65
83915	0.41
83916	0.74
83918	0.61
83919	0.61
83921	0.61
83925	0.72
83930	0.24
83935	0.25
83937	1.10
83945	0.47
83950	2.37
83970	1.52
83986	0.13
83992	0.54
84022	0.57
84030	0.20
84035	0.13
84060	0.27
84061	0.29
84066	0.36
84075	0.19
84078	0.27
84080	0.55
84081	0.61
84085	0.25
84087	0.38
84100	0.17
84105	0.19
84106	0.16
84110	0.31
84119	0.32
84120	0.54
84126	0.94
84127	0.43
84132	0.17

CODE	UNIT VALUE
84133	0.16
84134	0.54
84135	0.71
84138	0.70
84140	0.76
84143	0.84
84144	0.77
84146	0.71
84150	0.92
84152	0.68
84153	0.68
84154	0.68
84155	0.14
84156	0.14
84157	0.14
84160	0.19
84163	0.55
84165	0.92
84166	1.18
84181	1.15
84182	1.21
84202	0.53
84203	0.32
84206	0.66
84207	1.04
84210	0.40
84220	0.35
84228	0.43
84233	2.37
84234	2.39
84235	1.93
84238	1.35
84244	0.81
84252	0.75
84255	0.94
84260	1.14
84270	0.80
84275	0.50
84285	0.87
84295	0.18
84300	0.18
84302	0.18
84305	0.78
84307	0.67
84311	0.26
84315	0.09
84375	0.72
84376	0.20
84377	0.20
84378	0.42
84379	0.42
84392	0.18

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PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = $75.10)

CODE	UNIT VALUE
84402	0.94
84403	0.95
84425	0.78
84430	0.43
84432	0.59
84436	0.25
84437	0.24
84439	0.33
84442	0.55
84443	0.62
84445	1.87
84446	0.52
84449	0.66
84450	0.19
84460	0.20
84466	0.47
84478	0.21
84479	0.24
84480	0.52
84481	0.62
84482	0.58
84484	0.36
84485	0.28
84488	0.27
84490	0.28
84510	0.38
84512	0.28
84520	0.15
84525	0.14
84540	0.18
84545	0.24
84550	0.17
84560	0.18
84577	0.46
84578	0.12
84580	0.26
84583	0.19
84585	0.57
84586	1.30
84588	1.25
84590	0.43
84591	0.43
84597	0.51
84600	0.59
84620	0.44
84630	0.42
84681	0.77
84702	0.55
84703	0.28
84830	0.37
84999	BR
85002	0.17

CODE	UNIT VALUE
85004	0.24
85007	0.13
85008	0.13
85009	0.14
85013	0.09
85014	0.09
85018	0.09
85025	0.29
85027	0.24
85032	0.16
85041	0.11
85044	0.16
85045	0.15
85046	0.21
85048	0.09
85049	0.16
85055	0.99
85060	0.65
85097	2.89
85130	0.44
85170	0.13
85175	0.17
85210	0.48
85220	0.65
85230	0.66
85240	0.66
85244	0.75
85245	0.85
85246	0.85
85247	0.85
85250	0.70
85260	0.66
85270	0.66
85280	0.71
85290	0.60
85291	0.33
85292	0.70
85293	0.70
85300	0.44
85301	0.40
85302	0.44
85303	0.51
85305	0.43
85306	0.56
85307	0.56
85335	0.47
85337	0.38
85345	0.16
85347	0.16
85348	0.14
85360	0.31
85362	0.25

CODE	UNIT VALUE
85366	0.32
85370	0.42
85378	0.26
85379	0.38
85380	0.38
85384	0.31
85385	0.31
85390	0.70
85396	0.57
85400	0.33
85410	0.28
85415	0.63
85420	0.24
85421	0.38
85441	0.16
85445	0.25
85460	0.29
85461	0.24
85475	0.33
85520	0.48
85525	0.44
85530	0.52
85536	0.24
85540	0.32
85547	0.32
85549	0.69
85555	0.25
85557	0.49
85576	1.33
85597	0.66
85610	0.14
85611	0.15
85612	0.35
85613	0.35
85635	0.36
85651	0.13
85652	0.10
85660	0.20
85670	0.21
85675	0.25
85705	0.35
85730	0.22
85732	0.24
85810	0.43
85999	BR
86000	0.26
86001	0.19
86003	0.19
86005	0.29
86021	0.55
86022	0.68
86023	0.46

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PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = $75.10)

CODE	UNIT VALUE	CODE	UNIT VALUE	CODE	UNIT VALUE
86038	0.45	86343	0.46	86664	0.56
86039	0.41	86344	0.29	86665	0.67
86060	0.27	86353	1.81	86666	0.38
86063	0.21	86359	1.39	86668	0.38
86064	1.39	86360	1.73	86671	0.45
86077	1.37	86361	0.99	86674	0.54
86078	1.44	86376	0.54	86677	0.54
86079	1.42	86378	0.73	86682	0.48
86140	0.19	86379	1.39	86684	0.58
86141	0.48	86382	0.62	86687	0.31
86146	0.94	86384	0.42	86688	0.52
86147	0.94	86403	0.38	86689	0.71
86148	0.59	86406	0.39	86692	0.63
86155	0.59	86430	0.21	86694	0.53
86156	0.25	86431	0.21	86695	0.49
86157	0.30	86485	0.35	86696	0.71
86160	0.44	86490	0.31	86698	0.46
86161	0.44	86510	0.34	86701	0.33
86162	0.75	86580	0.27	86702	0.50
86171	0.37	86585	0.21	86703	0.51
86185	0.33	86586	0.35	86704	0.44
86215	0.49	86587	1.39	86705	0.43
86225	0.51	86590	0.41	86706	0.40
86226	0.45	86592	0.16	86707	0.43
86235	0.66	86593	0.16	86708	0.46
86243	0.76	86602	0.38	86709	0.42
86255	0.97	86603	0.47	86710	0.50
86256	0.97	86606	0.55	86713	0.56
86277	0.58	86609	0.48	86717	0.45
86280	0.30	86611	0.38	86720	0.49
86294	0.72	86612	0.48	86723	0.49
86300	0.77	86615	0.49	86727	0.47
86301	0.77	86617	0.57	86729	0.44
86304	0.77	86618	0.63	86732	0.49
86308	0.19	86619	0.49	86735	0.48
86309	0.24	86622	0.33	86738	0.49
86310	0.27	86625	0.48	86741	0.49
86316	0.77	86628	0.44	86744	0.49
86317	0.55	86631	0.44	86747	0.55
86318	0.48	86632	0.47	86750	0.49
86320	1.36	86635	0.42	86753	0.46
86325	1.33	86638	0.45	86756	0.48
86327	1.46	86641	0.53	86757	0.71
86329	0.52	86644	0.53	86759	0.49
86331	0.44	86645	0.62	86762	0.53
86332	0.90	86648	0.56	86765	0.48
86334	1.35	86651	0.49	86768	0.49
86335	1.60	86652	0.49	86771	0.49
86336	0.57	86653	0.49	86774	0.55
86337	0.79	86654	0.49	86777	0.53
86340	0.56	86658	0.48	86778	0.53
86341	0.73	86663	0.48	86781	0.49

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PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = $75.10)

CODE	UNIT VALUE	CODE	UNIT VALUE	CODE	UNIT VALUE
86784	0.46	86978	0.51	87210	0.16
86787	0.48	86985	0.48	87220	0.16
86790	0.48	86999	BR	87230	0.73
86793	0.49	87001	0.49	87250	0.72
86800	0.59	87003	0.62	87252	0.96
86803	0.53	87015	0.25	87253	0.74
86804	0.57	87040	0.38	87254	0.72
86805	1.93	87045	0.35	87255	1.25
86806	1.75	87046	0.35	87260	0.44
86807	1.46	87070	0.32	87265	0.44
86808	1.09	87071	0.35	87267	0.44
86812	0.95	87073	0.35	87269	0.44
86813	2.14	87075	0.35	87270	0.44
86816	1.03	87076	0.30	87271	0.44
86817	2.37	87077	0.30	87272	0.44
86821	2.08	87081	0.24	87273	0.44
86822	1.35	87084	0.32	87274	0.44
86849	BR	87086	0.30	87275	0.44
86850	0.46	87088	0.30	87276	0.44
86860	0.46	87101	0.28	87277	0.44
86870	0.81	87102	0.31	87278	0.44
86880	0.20	87103	0.33	87279	0.44
86885	0.21	87106	0.38	87280	0.44
86886	0.19	87107	0.38	87281	0.44
86890	1.84	87109	0.57	87283	0.44
86891	2.88	87110	0.72	87285	0.44
86900	0.11	87116	0.40	87290	0.44
86901	0.23	87118	0.40	87299	0.44
86903	0.35	87140	0.21	87300	0.44
86904	0.35	87143	0.46	87301	0.44
86905	0.14	87147	0.19	87320	0.44
86906	0.29	87149	0.74	87324	0.44
86910	0.51	87152	0.19	87327	0.44
86911	0.39	87158	0.19	87328	0.44
86920	0.51	87164	0.90	87329	0.44
86921	0.46	87166	0.42	87332	0.44
86922	0.28	87168	0.16	87335	0.44
86927	0.25	87169	0.16	87336	0.44
86930	2.30	87172	0.16	87337	0.44
86931	2.53	87176	0.22	87338	0.53
86932	2.76	87177	0.33	87339	0.44
86940	0.30	87181	0.18	87340	0.38
86941	0.45	87184	0.25	87341	0.38
86945	0.69	87185	0.18	87350	0.42
86950	1.27	87186	0.32	87380	0.61
86965	0.32	87187	0.38	87385	0.44
86970	0.37	87188	0.24	87390	0.65
86971	0.37	87190	0.21	87391	0.65
86972	0.35	87197	0.55	87400	0.44
86975	0.23	87205	0.16	87420	0.44
86976	0.18	87206	0.20	87425	0.44
86977	0.23	87207	0.76	87427	0.44

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PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = $75.10)

CODE	UNIT VALUE
87430	0.44
87449	0.44
87450	0.35
87451	0.35
87470	0.74
87471	1.29
87472	1.58
87475	0.74
87476	1.29
87477	1.58
87480	0.74
87481	1.29
87482	1.54
87485	0.74
87486	1.29
87487	1.58
87490	0.74
87491	1.29
87492	1.29
87495	0.74
87496	1.29
87497	1.58
87510	0.74
87511	1.29
87512	1.54
87515	0.74
87516	1.29
87517	1.58
87520	0.74
87521	1.29
87522	1.58
87525	0.74
87526	1.29
87527	1.54
87528	0.74
87529	1.29
87530	1.58
87531	0.74
87532	1.29
87533	1.54
87534	0.74
87535	1.29
87536	3.14
87537	0.74
87538	1.29
87539	1.58
87540	0.74
87541	1.29
87542	1.54
87550	0.74
87551	1.29
87552	1.58

CODE	UNIT VALUE
87555	0.74
87556	1.29
87557	1.58
87560	0.74
87561	1.29
87562	1.58
87580	0.74
87581	1.29
87582	1.54
87590	0.74
87591	1.29
87592	1.58
87620	0.74
87621	1.29
87622	1.54
87650	0.74
87651	1.29
87652	1.54
87660	0.74
87797	0.74
87798	1.29
87799	1.58
87800	1.48
87801	2.59
87802	0.44
87803	0.44
87804	0.44
87807	0.44
87810	0.44
87850	0.44
87880	0.44
87899	0.44
87901	9.49
87902	9.49
87903	18.01
87904	4.81
87999	BR
88000	5.95
88005	6.61
88007	7.27
88012	5.48
88014	5.48
88016	6.66
88020	8.54
88025	9.20
88027	9.86
88028	5.48
88029	5.48
88036	3.54
88037	2.60
88040	14.16
88045	1.18

CODE	UNIT VALUE
88099	BR
88104	1.45
88106	1.95
88107	2.35
88108	1.81
88112	3.19
88125	0.53
88130	0.55
88140	0.29
88141	0.59
88142	0.75
88143	0.75
88147	0.42
88148	0.56
88150	0.39
88152	0.39
88153	0.39
88154	0.39
88155	0.22
88160	1.37
88161	1.48
88162	1.83
88164	0.39
88165	0.39
88166	0.39
88167	0.39
88172	1.37
88173	3.60
88174	0.79
88175	0.98
88182	2.82
88184	1.34
88185	0.66
88187	1.82
88188	2.27
88189	2.99
88199	BR
88230	4.30
88233	5.19
88235	5.43
88237	4.66
88239	5.44
88240	0.37
88241	0.37
88245	5.49
88248	6.38
88249	6.38
88261	6.52
88262	4.60
88263	5.54
88264	4.60
88267	6.63

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PATHOLOGY AND LABORATORY

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CODE	UNIT VALUE
88269	6.13
88271	0.79
88272	0.99
88273	1.18
88274	1.28
88275	1.48
88280	0.93
88283	2.53
88285	0.70
88289	1.27
88291	0.71
88299	BR
88300	0.55
88302	1.19
88304	1.57
88305	2.73
88307	4.86
88309	6.81
88311	0.49
88312	2.09
88313	1.51
88314	2.55
88318	2.10
88319	3.98
88321	2.14
88323	3.20
88325	5.24
88329	1.35
88331	2.37
88332	1.09
88342	2.36
88346	2.48
88347	2.17
88348	10.99
88349	4.41
88355	10.75
88356	7.39
88358	1.97
88360	2.91
88361	4.38
88362	7.02
88365	3.38
88367	5.53
88368	5.02
88371	1.33
88372	1.38
88380	BR
88399	BR
88400	0.19
89050	0.17
89051	0.20
89055	0.16

CODE	UNIT VALUE
89060	0.80
89100	2.46
89105	2.74
89125	0.16
89130	2.21
89132	1.75
89135	2.72
89136	1.95
89140	3.06
89141	3.67
89160	0.14
89190	0.18
89220	0.41
89225	0.12
89230	0.13
89235	0.20
89240	BR
89250	27.46
89251	BR
89253	BR
89254	BR
89255	BR
89257	BR
89258	BR
89259	BR
89260	BR
89261	BR
89264	BR
89268	BR
89272	BR
89280	BR
89281	BR
89290	BR
89291	BR
89300	0.33
89310	0.32
89320	0.44
89321	0.44
89325	0.39
89329	0.77
89330	0.36
89335	BR
89342	BR
89343	BR
89344	BR
89346	BR
89352	BR
89353	BR
89354	BR
89356	BR

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MEDICINE GROUND RULES

1. **GENERAL:** Visits, examinations, consultations and similar services listed in this section reflect the variation in time and skills required in the diagnosis and treatment of illness or injury. The stipulated Unit Value applies only when the services are performed by or under the responsibility and direct supervision of a health care provider, unless otherwise stated.

2. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

3. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Unit Value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

4. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

5. **SEPARATE PROCEDURES:** Some of the procedures or services listed are commonly carried out as an integral part of a total service and identified by the inclusion of the term “separate procedure.” The codes designated as “separate procedure” should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

   However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific “separate procedure” code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

6. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.

7. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

8. **CODES THAT ARE NOT CLASSIFIED AS ADD-ON CODES BUT ARE EXEMPT FROM THE MULTIPLE PROCEDURE RULE / MODIFIER -51:** For a complete list of the codes which fall within this category, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

9. **CONCURRENT CARE:** When the condition of the patient requires the skills of two or more health care providers to treat different conditions, payment is due each health care provider who plays an active role in the treatment program. The services rendered by each health care provider shall be distinct, identifiable, and adequately documented in the records and reports.

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MEDICINE GROUND RULES

10. **ALTERNATING HEALTH CARE PROVIDERS:** When health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each health care provider shall charge individually for the services personally rendered and such charges shall be in accordance with this Fee Schedule.

11. **PRORATION OF SCHEDULED FEE:** Where the schedule specifies a unit value for a definite treatment, and the patient is transferred from one health care provider to another, the unit value multiplied by the conversion factor or the usual and customary charge, whichever is less, should be apportioned between or among the providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly, with an explanatory note.

12. **MISCELLANEOUS:** The Unit Values for other diagnostic therapeutics, anesthesia, surgery, x-rays, and laboratory procedures are listed in the following sections: Anesthesia, Surgery, Radiology, Pathology and Laboratory, Medicine, and Evaluation and Management.

13. **CONSULTATIONS AND REFERRALS:** A **consultation** is a service rendered by a specialist at the request of the attending health care provider or other appropriate source seeking further evaluation or an opinion on how to proceed in the management of a patient's illness. Consultations always require a narrative report from the consultant to the attending health care provider requesting the opinion. The fee payable should correspond appropriately to the level of service. When the consulting specialist assumes responsibility for the continuing care of the patient, any service rendered subsequent to the consultation will be reimbursed according to the actual level of service rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

A **referral** is the transfer of a patient to a specialist for diagnosis, and where necessary, treatment of a specific illness or injury, rather than for advice. A referral will be reimbursed according to the actual level of services rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

14. **LIMITATIONS ON PATIENT VISITS FOR PSYCHOTHERAPY OR PSYCHOLOGICAL COUNSELING:** Psychotherapy or Psychological counseling, for work-related conditions requiring either more than 21 visits or continuing for more than 3 months after initiation of therapy, whichever comes first, requires prior authorization from the employer, insurance carrier, the Workers Compensation Fund, or the Kansas Division of Workers Compensation, unless such authorization was previously received for a greater number of visits.

15. **PROFESSIONAL/TECHNICAL COMPONENTS:** When the professional and technical components are furnished by different providers **(inclusive of hospitals and ambulatory surgical centers)**, the professional component and the technical component shall be identified by adding either modifier -26 or modifier -TC to the usual procedure number. If any of the medical procedures in this section become subject to either the professional or technical component, the unit value for the professional component is 60% of the total unit value, and the unit value for the technical component is 40% of the total unit value for the procedure code submitted. See Appendix A- Modifiers for a listing of the modifiers.

Additionally, and with the exception of Pathology and Laboratory, hospitals and ambulatory surgical centers will continue to be reimbursed at their usual and customary charge less the specified discount as contained within the Hospital/Ambulatory Surgical Center Section of the fee schedule. However, hospitals and ambulatory surgical centers need to amend their billing process to specify, by use of modifiers, when <u>only</u> the technical component or the professional component was provided.

16. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

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MEDICINE GROUND RULES

17. **MODIFIERS:** Procedure codes for medicine services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.

18. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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MEDICINE

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CODE	UNIT VALUE
90281	BR
90283	BR
90287	BR
90288	BR
90291	BR
90296	BR
90371	BR
90375	3.35
90376	2.80
90378	BR
90379	BR
90384	2.43
90385	1.47
90386	BR
90389	3.28
90393	BR
90396	BR
90399	BR
90465	0.49
90466	0.29
90467	0.51
90468	0.51
90471	0.49
90472	0.29
90473	0.44
90474	0.44
90476	BR
90477	BR
90581	2.84
90585	4.58
90586	4.79
90632	1.81
90633	0.84
90634	0.84
90636	2.00
90645	0.75
90646	BR
90647	0.67
90648	0.68
90655	0.32
90656	0.32
90657	0.23
90658	0.23
90660	BR
90665	BR
90669	1.57
90675	4.13
90676	BR
90680	BR
90690	0.87
90691	1.21
90692	BR

CODE	UNIT VALUE
90693	BR
90698	BR
90700	0.60
90701	BR
90702	0.28
90703	0.31
90704	0.50
90705	0.41
90706	0.44
90707	0.98
90708	BR
90710	BR
90712	BR
90713	0.78
90715	BR
90716	1.82
90717	1.85
90718	0.28
90719	BR
90720	1.06
90721	1.39
90723	1.78
90725	BR
90727	BR
90732	0.38
90733	2.04
90734	BR
90735	2.02
90740	5.67
90743	0.80
90744	0.80
90746	1.81
90747	5.67
90748	1.46
90749	BR
90780	2.39
90781	0.67
90782	0.50
90783	0.50
90784	1.01
90788	0.44
90799	BR
90801	4.04
90802	4.29
90804	1.73
90805	1.90
90806	2.61
90807	2.77
90808	3.89
90809	4.03
90810	1.87
90811	2.09

CODE	UNIT VALUE
90812	2.81
90813	2.95
90814	4.07
90815	4.19
90816	1.74
90817	1.91
90818	2.63
90819	2.75
90821	3.91
90822	4.02
90823	1.87
90824	2.05
90826	2.78
90827	2.89
90828	4.07
90829	4.16
90845	2.41
90846	2.53
90847	3.08
90849	0.88
90853	0.86
90857	0.94
90862	1.37
90865	4.31
90870	3.86
90871	3.86
90875	2.14
90876	3.11
90880	3.29
90882	2.35
90885	1.36
90887	2.34
90889	2.03
90899	BR
90901	1.08
90911	2.50
90918	17.63
90919	12.82
90920	11.24
90921	7.04
90922	0.59
90923	0.42
90924	0.37
90925	0.24
90935	1.93
90937	3.15
90939	2.14
90940	2.14
90945	2.01
90947	3.22
90989	13.94
90993	2.35

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MEDICINE

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CODE	UNIT VALUE
90997	2.56
90999	BR
91000	1.10
91010	5.78
91011	6.86
91012	7.35
91020	6.09
91030	3.40
91034	6.33
91035	12.51
91037	4.02
91038	3.44
91040	12.22
91052	3.30
91055	3.95
91060	2.46
91065	1.69
91100	3.94
91105	2.50
91110	25.98
91120	12.06
91122	7.07
91123	BR
91132	1.12
91133	1.41
91299	BR
92002	1.87
92004	3.41
92012	1.72
92014	2.54
92015	1.88
92018	3.64
92019	1.90
92020	0.72
92060	1.45
92065	0.92
92070	1.79
92081	1.32
92082	1.69
92083	1.95
92100	2.29
92120	1.90
92130	2.11
92135	1.16
92136	2.27
92140	1.50
92225	0.61
92226	0.55
92230	2.15
92235	3.50
92240	7.29
92250	1.99

CODE	UNIT VALUE
92260	0.47
92265	2.36
92270	2.39
92275	3.00
92283	1.03
92284	2.14
92285	1.21
92286	3.75
92287	3.21
92310	2.33
92311	2.20
92312	2.37
92313	2.00
92314	1.64
92315	1.31
92316	1.61
92317	1.40
92325	0.41
92326	1.69
92330	2.10
92335	1.36
92340	1.08
92341	1.22
92342	1.30
92352	1.06
92353	1.25
92354	8.96
92355	4.34
92358	1.02
92370	0.89
92371	0.64
92390	BR
92391	BR
92392	3.81
92393	12.33
92395	1.38
92396	2.23
92499	BR
92502	2.67
92504	0.69
92506	3.48
92507	1.65
92508	0.78
92510	3.65
92511	4.18
92512	1.71
92516	1.64
92520	1.30
92526	2.21
92531	0.62
92532	0.72
92533	1.14

CODE	UNIT VALUE
92534	0.50
92541	1.47
92542	1.50
92543	0.69
92544	1.19
92545	1.06
92546	2.30
92547	0.14
92548	2.90
92551	0.29
92552	0.48
92553	0.72
92555	0.42
92556	0.63
92557	1.31
92559	0.94
92560	0.55
92561	0.78
92562	0.45
92563	0.42
92564	0.52
92565	0.44
92567	0.58
92568	0.42
92569	0.45
92571	0.43
92572	0.10
92573	0.39
92575	0.32
92576	0.49
92577	0.79
92579	0.79
92582	0.79
92583	0.97
92584	2.68
92585	2.73
92586	1.99
92587	1.62
92588	2.13
92590	1.12
92591	1.68
92592	0.49
92593	0.74
92594	0.54
92595	0.81
92596	0.65
92597	2.58
92601	3.57
92602	2.45
92603	2.21
92604	1.42
92605	BR

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MEDICINE

(CONVERSION FACTOR = $52.42)

CODE	UNIT VALUE
92606	BR
92607	3.13
92608	0.60
92609	1.63
92610	3.51
92611	3.51
92612	4.05
92613	1.16
92614	3.81
92615	1.03
92616	5.33
92617	1.28
92620	1.20
92621	0.31
92625	1.18
92700	BR
92950	8.25
92953	0.32
92960	8.64
92961	6.96
92970	4.76
92971	2.68
92973	4.80
92974	4.39
92975	10.28
92977	8.51
92978	7.37
92979	4.48
92980	21.35
92981	5.92
92982	15.84
92984	4.22
92986	34.30
92987	35.60
92990	27.89
92992	31.02
92993	21.74
92995	17.42
92996	4.63
92997	17.26
92998	8.47
93000	0.71
93005	0.47
93010	0.24
93012	6.19
93014	0.73
93015	2.85
93016	0.64
93017	1.79
93018	0.42
93024	2.87
93025	8.48

CODE	UNIT VALUE
93040	0.38
93041	0.16
93042	0.22
93224	4.37
93225	1.32
93226	2.32
93227	0.73
93230	4.67
93231	1.63
93232	2.31
93233	0.73
93235	3.39
93236	2.76
93237	0.63
93268	8.24
93270	1.32
93271	6.19
93272	0.73
93278	1.62
93303	5.91
93304	3.13
93307	5.39
93308	2.82
93312	7.14
93313	1.22
93314	5.84
93315	8.67
93316	1.24
93317	6.45
93318	6.27
93320	2.37
93321	1.41
93325	3.22
93350	3.99
93501	22.33
93503	3.79
93505	8.51
93508	19.70
93510	46.04
93511	46.01
93514	48.85
93524	60.52
93526	60.51
93527	61.01
93528	63.57
93529	57.32
93530	24.39
93531	63.81
93532	64.86
93533	59.87
93539	0.57
93540	0.61

CODE	UNIT VALUE
93541	0.41
93542	0.41
93543	0.41
93544	0.36
93545	0.57
93555	7.77
93556	11.58
93561	1.27
93562	0.58
93571	7.34
93572	4.41
93580	26.60
93581	35.47
93600	5.19
93602	4.29
93603	4.90
93609	10.18
93610	5.88
93612	6.15
93613	10.23
93615	1.63
93616	2.35
93618	10.26
93619	18.90
93620	30.53
93621	5.44
93622	8.02
93623	7.37
93624	9.25
93631	18.00
93640	12.58
93641	16.02
93642	14.84
93650	15.65
93651	23.67
93652	25.75
93660	4.39
93662	7.27
93668	1.40
93701	1.17
93720	1.00
93721	0.77
93722	0.23
93724	11.15
93727	0.74
93731	1.17
93732	1.85
93733	1.04
93734	0.91
93735	1.53
93736	0.91
93740	0.37

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MEDICINE

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CODE	UNIT VALUE
93741	1.85
93742	2.01
93743	2.24
93744	2.39
93745	BR
93760	1.66
93762	2.44
93770	0.26
93784	1.96
93786	0.92
93788	0.52
93790	0.52
93797	0.49
93798	0.75
93799	BR
93875	2.67
93880	6.54
93882	4.16
93886	8.13
93888	5.18
93890	6.35
93892	6.76
93893	6.63
93922	3.08
93923	4.74
93924	5.59
93925	7.75
93926	4.71
93930	6.22
93931	4.06
93965	3.28
93970	6.38
93971	4.34
93975	9.99
93976	5.90
93978	5.59
93979	3.92
93980	4.52
93981	3.64
93990	4.50
94010	0.87
94014	1.31
94015	0.60
94016	0.71
94060	1.45
94070	1.55
94150	0.56
94200	0.58
94240	0.98
94250	0.77
94260	0.76
94350	1.07

CODE	UNIT VALUE
94360	1.03
94370	1.01
94375	0.94
94400	1.33
94450	1.29
94452	1.37
94453	1.95
94620	3.26
94621	3.78
94640	0.32
94642	1.58
94656	2.45
94657	1.85
94660	1.45
94662	1.02
94664	0.35
94667	0.57
94668	0.47
94680	2.19
94681	2.85
94690	2.11
94720	1.33
94725	3.30
94750	1.62
94760	0.06
94761	0.13
94762	0.57
94770	0.98
94772	BR
94799	BR
95004	0.11
95010	0.48
95015	0.30
95024	0.16
95027	0.16
95028	0.24
95044	0.21
95052	0.26
95056	0.18
95060	0.37
95065	0.21
95070	2.30
95071	2.94
95075	1.80
95078	0.27
95115	0.41
95117	0.52
95120	0.51
95125	0.63
95130	0.88
95131	1.12
95132	1.35

CODE	UNIT VALUE
95133	1.63
95134	1.95
95144	0.26
95145	0.39
95146	0.51
95147	0.49
95148	0.65
95149	0.87
95165	0.26
95170	0.20
95180	4.09
95199	BR
95250	4.11
95805	19.57
95806	5.37
95807	14.01
95808	16.39
95810	21.60
95811	23.59
95812	5.28
95813	6.96
95816	4.95
95819	4.22
95822	5.87
95824	2.72
95827	3.97
95829	37.70
95830	5.10
95831	0.75
95832	0.64
95833	1.07
95834	1.26
95851	0.53
95852	0.38
95857	1.15
95858	2.75
95860	2.45
95861	3.09
95863	3.76
95864	4.86
95867	1.79
95868	2.50
95869	0.78
95870	0.78
95872	2.86
95875	2.66
95900	1.72
95903	1.84
95904	1.47
95920	4.58
95921	1.67
95922	1.81

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MEDICINE

(CONVERSION FACTOR = $52.42)

CODE	UNIT VALUE
95923	2.91
95925	1.77
95926	1.77
95927	1.79
95928	4.61
95929	4.80
95930	2.62
95933	1.71
95934	0.98
95936	1.05
95937	1.35
95950	5.95
95951	22.18
95953	11.30
95954	6.86
95955	3.56
95956	19.08
95957	4.76
95958	8.09
95961	6.14
95962	6.30
95965	59.30
95966	29.45
95967	24.10
95970	1.33
95971	1.53
95972	2.85
95973	1.61
95974	4.87
95975	2.71
95978	5.61
95979	2.59
95990	1.56
95991	2.29
95999	BR
96000	2.44
96001	2.91
96002	0.58
96003	0.51
96004	3.19
96100	1.94
96105	1.94
96110	0.36
96111	3.83
96115	1.94
96117	1.94
96150	0.69
96151	0.67
96152	0.64
96153	0.15
96154	0.63
96155	0.64

CODE	UNIT VALUE
96400	1.30
96405	2.85
96406	3.84
96408	3.14
96410	4.41
96412	0.98
96414	5.47
96420	2.90
96422	5.08
96423	2.07
96425	4.72
96440	10.46
96445	10.37
96450	8.92
96520	4.03
96530	2.91
96542	5.72
96545	BR
96549	BR
96567	1.00
96570	1.58
96571	0.77
96900	0.46
96902	0.60
96910	1.03
96912	1.31
96913	1.78
96920	3.71
96921	3.80
96922	5.63
96999	BR

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PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

1. **AUTHORIZED PROVIDERS:** Services applicable to this section are payable at the level of the Unit Value (or the usual and customary charge, whichever is less) when provided by: a health care provider as defined by K.S.A. 44-508; a Registered Physical Therapist; a Registered Occupational Therapist; a Certified Physical Therapist Assistant or a Certified Occupational Therapist Assistant when the service is performed under the direct supervision of a Registered Physical Therapist or Registered Occupational Therapist; an Exercise Physiologist; and any type of an Assistant when the service is performed under the direct supervision of a health care provider, Registered Physical Therapist, or a Registered Occupational Therapist.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have also been provided, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with physical medicine and rehabilitation services. **Such additional services, however, shall be reported separately using modifier -25.** These services must also be performed or supervised by a health care provider as defined by K.S.A. 44-508, a Registered Physical Therapist, or a Registered Occupational Therapist. Charges for any evaluations or examinations after the initial visit must be documented and included with the bill.

3. **DOCUMENTATION OF TREATMENT REQUIRED:** Documentation of treatment shall include evaluation, diagnosis, progress notes, prognosis, treatment plan, and need for further therapy. This documentation will be made part of the patient's record and be made available upon request. This documentation does **not** warrant a separate fee.

4. **WRITTEN REFERRAL:** A written referral by a health care provider, as defined by K.S.A. 44-508, is required for services to be provided by a physical or occupational therapist, exercise physiologist, or their assistants.

5. **SEPARATE BILLING:** Employed physical or occupational therapists may not bill separately for services provided. This does not apply to physical or occupational therapists who are self-employed.

6. **DISPUTE RESOLUTION:** In the event a controversy arises between the provider and the payer about the number of modalities or therapeutic procedures that were provided at each visit, an attempt should be made by the involved parties to resolve said issue(s). Issues which cannot satisfactorily be resolved should then be referred to the Kansas Division of Workers Compensation for review.

7. **MAXIMUM NUMBER OF VISITS:** Treatment beyond 21 visits must be authorized by the employer, the insurance carrier, the Workers Compensation Fund, or the Kansas Division of Workers Compensation, unless prior authorization was received for a greater number of visits.

8. **FOLLOW-UP OR AFTERCARE:** Fees for any follow-up or aftercare for fractures, dislocations, or postoperative procedures provided by physical or occupational therapists shall be in addition to those payable to the referring health care provider.

9. **HOME SERVICES:** When an authorized provider renders treatment in a patient's home, the Unit Value may be increased by 50%. An explanation substantiating the need for home therapy shall be submitted along with the bill.

10. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

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PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

11. **PROCEDURES LISTED WITHOUT A SPECIFIED UNIT VALUE:** "BR" in the Unit Value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

12. **SEPARATE PROCEDURES:** Some procedures are commonly carried out as an integral part of a total service, and do not warrant a separate identification. When such a procedure is performed independently of other services to which the procedure is not immediately related, the Unit Value for the "separate procedure" listing, where identified as such in the Schedule, is applicable (i.e., when a procedure which is ordinarily a component of a larger procedure is performed alone for a specific purpose, the component procedure may be considered to be a separate procedure).

13. **CONCURRENT CARE:** When the condition of the patient requires the skills of two or more health care providers to treat different conditions, payment is due each health care provider who plays an active role in the treatment program. The services rendered by each health care provider shall be distinct, identifiable, and adequately documented in the records and reports.

14. **ALTERNATING HEALTH CARE PROVIDERS:** When health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each health care provider shall charge individually for the services personally rendered and such charges shall be in accordance with this Fee Schedule.

15. **PRORATION OF UNIT VALUE:** Where the schedule specifies a unit value for a definite treatment, and the patient is transferred from one health care provider to another, the Unit Value stated in the Schedule or the usual and customary charge, whichever is less, should be apportioned between or among the providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly, with an explanatory note.

16. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

17. **MISCELLANEOUS:** The Unit Values for other diagnostic therapeutics, anesthesia, surgery, x-rays, and laboratory procedures are listed in the following sections: Anesthesia, Surgery, Radiology, Pathology and Laboratory, Medicine, and Evaluation and Management. Physical or occupational therapists may utilize these other sections for billing if the coding is more appropriate, and the service provided was medically necessary and prescribed by a physician.

18. **CONSULTATIONS AND REFERRALS:** A **consultation** is a service rendered by a specialist at the request of the attending health care provider or other appropriate source seeking further evaluation or an opinion on how to proceed in the management of a patient's illness. Consultations always require a narrative report from the consultant to the attending health care provider requesting the opinion. The fee payable should correspond appropriately to the level of service. When the consulting specialist assumes responsibility for the continuing care of the patient, any service rendered subsequent to the consultation will be reimbursed according to the actual level of service rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

    A **referral** is the transfer of a patient to a specialist for diagnosis, and where necessary, treatment of a specific illness or injury, rather than for advice. A referral will be reimbursed according to the actual level of services rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

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PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

19. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

20. **MODIFIERS:** Appendix A - Modifiers of this Schedule includes all of the modifiers applicable to the current *CPT* codes.

21. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $43.80

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PHYSICAL MEDICINE AND REHABILITATION

(CONVERSION FACTOR = $43.80)

CODE	UNIT VALUE
97001	2.00
97002	1.06
97003	2.14
97004	1.29
97005	1.62
97006	0.81
97010	0.12
97012	0.39
97014	0.38
97016	0.37
97018	0.17
97020	0.13
97022	0.39
97024	0.14
97026	0.13
97028	0.16
97032	0.42
97033	0.54
97034	0.37
97035	0.32
97036	0.61
97039	0.31
97110	0.74
97112	0.78
97113	0.85
97116	0.65
97124	0.59
97139	0.42
97140	0.70
97150	0.46
97504	0.81
97520	0.74
97530	0.78
97532	0.65
97533	0.69
97535	0.79
97537	0.72
97542	0.74
97545	3.22
97546	1.29
97597	1.29
97598	1.64
97602	0.47
97605	BR
97606	BR
97703	0.68
97750	0.79
97755	0.92
97799	BR

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MEDICAL NUTRITION THERAPY
GROUND RULES

1. **GENERAL:** Medical Nutrition Therapy includes services ordered by, or under the direct supervision of a designated health care provider.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with medical nutrition therapy, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with any medical nutrition therapy. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since medical nutrition therapy is incorporated within the broad category of the Medicine and Physical Medicine Guidelines, the Ground Rules found within the Medicine and the Physical Medicine and Rehabilitation Section of the fee schedule shall be similarly applied.

4. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

5. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $41.19

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MEDICAL NUTRITION THERAPY

(CONVERSION FACTOR = $41.19)

CODE	UNIT VALUE
97802	0.48
97803	0.48
97804	0.19

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ACUPUNCTURE
GROUND RULES

1. **GENERAL:** Acupuncture includes services ordered by, or under the direct supervision of a designated health care provider.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with acupuncture services, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with any acupuncture services. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since acupuncture services are incorporated within the broad category of the Medicine and Physical Medicine Guidelines, the Ground Rules found within the Medicine and the Physical Medicine and Rehabilitation Section of the fee schedule shall be similarly applied.

4. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

5. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44- 510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $41.19

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ACUPUNCTURE

(CONVERSION FACTOR = $41.19)

CODE	UNIT VALUE
97810	0.63
97811	0.53
97813	0.68
97814	0.58

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OSTEOPATHIC MANIPULATIVE TREATMENT GROUND RULES

1. **GENERAL:** Osteopathic manipulative treatment is a form of manual treatment applied by a physician to eliminate or alleviate somatic dysfunction and related disorders, and may be accomplished by a variety of techniques.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with osteopathic manipulative treatment, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with osteopathic manipulative treatment. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since osteopathic manipulative treatment is similar to treatments and services contained within the Physical Medicine and Rehabilitation Section, the Ground Rules applicable to the Physical Medicine and Rehabilitation Section shall be similarly applied.

4. **BODY REGIONS:** Body regions commonly involved in osteopathic manipulative treatment are: head region; cervical region; thoracic region; lumbar region; sacral region; pelvic region; lower extremities; upper extremities; rib cage region; and abdominal and visceral region.

5. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

6. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $54.43

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OSTEOPATHIC MANIPULATIVE TREATMENT

(CONVERSION FACTOR = $54.43)

CODE	UNIT VALUE
98925	0.79
98926	1.09
98927	1.40
98928	1.66
98929	1.91

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CHIROPRACTIC MANIPULATIVE TREATMENT GROUND RULES

1. **GENERAL:** Chiropractic manipulative treatment is a form of manual treatment applied by a physician to influence joint and neurophysiological function, and may be accomplished by a variety of techniques.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with chiropractic manipulative treatment, it is acceptable to charge for these services only if the patient's condition required a significant separately identifiable evaluation or examination that is beyond the usual preservice and postservice work associated with chiropractic manipulative treatment. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since chiropractic manipulative treatment is similar to treatments and services contained within the Physical Medicine and Rehabilitation Section, the Ground Rules applicable to the Physical Medicine and Rehabilitation Section shall be similarly applied.

4. **BODY REGIONS:** Body regions commonly involved in chiropractic manipulative treatment are: cervical region (includes atlanto-occipital joint); thoracic region (includes costo-vertebral and costotransverse joints); lumbar region; sacral region; and pelvic (sacro-iliac joint) region. The five extraspinal regions referred to are: head (including temporomandibular joint, excluding atlanto-occipital) region; lower extremities; upper extremities; rib cage (excluding costotransverse and costovertebral joints) and abdomen.

5. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

6. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $50.75

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CHIROPRACTIC MANIPULATIVE TREATMENT

(CONVERSION FACTOR = $50.75)

CODE	UNIT VALUE
98940	0.69
98941	0.97
98942	1.25
98943	0.65

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SPECIAL SERVICES AND REPORTS

(CONVERSION FACTOR = $42.35)

CODE	UNIT VALUE
99000	0.18
99001	0.20
99002	0.28
99024	BR
99026	BR
99027	BR
99050	0.53
99052	0.53
99054	0.53
99056	0.70
99058	0.72
99070	BR
99071	*
99075	**
99078	BR
99080	BR
99082	BR
99090	BR
99091	BR

CODE	UNIT VALUE
99100	#
99116	#
99135	#
99140	#
99141	2.72
99142	1.59
99170	3.59
99172	0.65
99173	0.31
99175	1.49
99183	5.74
99185	0.68
99186	2.23
99190	14.18
99191	10.63
99192	7.09
99195	0.46
99199	BR

* The maximum fee for this code (99071) is to be determined "by report" (BR); however, when the charge for any item exceeds $7.00, documentation of cost to the provider for such an item must be attached to the bill when submitted for payment. Payment shall not exceed the cost of the item to the health care provider plus 25%.

** For this code (99075), see separate section referenced "Depositions, Testimony, and Medical Records Reproduction Section."

\# See the Anesthesia Section for an explanation of the services contemplated by these codes (99100, 99116, 99135, and 99140) as well as the Unit Values associated therewith. Note also that these codes are considered Add-On codes and are not to be billed as primary procedures. Thus, the services for these codes are to be reimbursed at the listed Unit Value when billed with other procedures and are exempt from the Multiple Procedure Rule.

Special note in regard to Codes 99141 and 99142: The services for these codes are to be reimbursed at the listed unit value when billed with other procedures, if applicable, and are exempt from the Multiple Procedure Rule.

Special Note in regard to Cost Containment: Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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EVALUATION AND MANAGEMENT (E/M) SERVICES GROUND RULES

1. **CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES:** This section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient), and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of physician work varies by type of service, place of service, and the patient's status.

   The basic format of the levels of E/M services is the same for most categories. **First**, a unique code number is listed. **Second**, the place and/or type of service is specified (e.g., office consultation). **Third**, the content of the service is defined (e.g., comprehensive history and comprehensive examination). **Fourth**, the nature of the presenting problem(s) usually associated with a given level of service is described. **Fifth**, the time typically required to provide the service is specified.

2. **UNLISTED SERVICE:** An E/M service may be provided that is not listed in this section. When reporting such a service, the appropriate "Unlisted" code may be used to indicate the service, identifying it by "Special Report" as discussed in item 3. The "Unlisted Services" and accompanying codes for the E/M section are as follows:

   99429 Unlisted preventive medicine service
   99499 Unlisted evaluation and management service

3. **SPECIAL REPORT:** An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service. Additional items which may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

4. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.

5. **ADD-ON CODES:** Certain codes, by the nature of their description and the Unit Values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

6. **MODIFIERS:** Listed services may be modified under certain circumstances. When applicable, the modifying circumstance against general guidelines should be identified by the addition of the appropriate modifier code by a two digit number placed after the usual procedure number from which it is separated by a hyphen. Refer to Appendix A- Modifiers for the modifiers that are available for E/M:

7. **INSTRUCTIONS FOR SELECTING A LEVEL OF E/M SERVICE:** Refer specifically to the Evaluation and Management (E/M) Services Guidelines of the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

8. **BILLS SUBMITTED BY NON-PHYSICIAN PROVIDERS:** Bills for E/M services provided by non-physicians such as physician assistants or advanced practice nurses must be submitted on the CMS 1500 form or an equivalent form containing the same information. Payment for these services will be limited to 85% of the maximum allowable fee associated with the *CPT* code submitted. This form must also clearly identify the responsible physician.

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EVALUATION AND MANAGEMENT (E/M) SERVICES GROUND RULES

9. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

10. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $46.33

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EVALUATION AND MANAGEMENT

(CONVERSION FACTOR = $46.33)

CODE	UNIT VALUE	CODE	UNIT VALUE	CODE	UNIT VALUE
99201	0.97	99282	0.73	99360	2.55
99202	1.72	99283	1.64	99361	2.15
99203	2.56	99284	2.56	99362	3.75
99204	3.62	99285	4.01	99371	0.34
99205	4.58	99288	BR	99372	0.85
99211	0.57	99289	6.48	99373	1.71
99212	1.02	99290	3.33	99374	1.85
99213	1.39	99291	6.77	99375	3.35
99214	2.18	99292	3.00	99377	1.85
99215	3.17	99293	21.82	99378	3.74
99217	1.87	99294	10.84	99379	1.84
99218	1.78	99295	24.98	99380	2.78
99219	2.96	99296	10.85	99381	2.74
99220	4.16	99298	3.84	99382	2.95
99221	1.80	99299	3.52	99383	2.89
99222	2.98	99301	1.75	99384	3.14
99223	4.15	99302	2.32	99385	3.14
99231	0.90	99303	2.86	99386	3.69
99232	1.47	99311	0.90	99387	4.00
99233	2.09	99312	1.49	99391	2.08
99234	3.58	99313	2.10	99392	2.33
99235	4.72	99315	1.63	99393	2.30
99236	5.89	99316	2.16	99394	2.54
99238	1.87	99321	1.08	99395	2.57
99239	2.55	99322	1.52	99396	2.84
99241	1.33	99323	1.88	99397	3.13
99242	2.43	99331	0.95	99401	1.11
99243	3.24	99332	1.21	99402	1.87
99244	4.56	99333	1.50	99403	2.59
99245	5.90	99341	1.54	99404	3.32
99251	0.95	99342	2.27	99411	0.34
99252	1.91	99343	3.31	99412	0.51
99253	2.61	99344	4.34	99420	BR
99254	3.75	99345	5.37	99429	BR
99255	5.17	99347	1.20	99431	1.60
99261	0.59	99348	1.90	99432	2.26
99262	1.20	99349	2.94	99433	0.84
99263	1.78	99350	4.34	99435	2.15
99271	1.03	99354	2.62	99436	2.03
99272	1.73	99355	2.59	99440	3.98
99273	2.40	99356	2.40	99450	BR
99274	3.22	99357	2.42	99455	**
99275	4.10	99358	3.75	99456	**
99281	0.44	99359	1.88	99499	BR

** No maximum fee has been assigned. The maximum fee for these codes (99455 and 99456) is to be determined in the same manner as that which pertains to an IME and other Special Examinations and/or Reports. Refer to item 2 of the Depositions/Testimony & Reproduction of Medical Records Section of this fee schedule as it relates to an IME and other Special Examinations and/or Reports.

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HOME HEALTH PROCEDURES / SERVICES GROUND RULES

The codes contained within this section were introduced by the American Medical Association in conjunction with *CPT* 2002. Said codes are to be used by non-physician health care professionals for services provided in a patient's residence (including assisted living apartments, group homes, non-traditional private homes, custodial care facilities, or schools) and can be submitted as part of the normal procedure when applicable.

No Unit Values have been established at the state, regional, or national level as determined from available data resources. All Unit Values are listed as BR; thus, a report must accompany all bills utilizing these codes.

CONVERSION FACTOR = $25.00

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HOME HEALTH PROCEDURES / SERVICES

(CONVERSION FACTOR =$25.00)

CODE	UNIT VALUE
99500	BR
99501	BR
99502	BR
99503	BR
99504	BR
99505	BR
99506	BR
99507	BR
99509	BR
99510	BR
99511	BR
99512	BR
99600	BR

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HOME INFUSION PROCEDURES / SERVICES GROUND RULES

The codes for Home Infusion Procedures and/or Services are to be used by non-physician health care professionals. Physicians are to use the home visit codes 99341 – 99350 found within the Evaluation and Management Section.

No Unit Values have been established at the state, regional, or national level as determined from available data resources. All Unit Values are listed as BR; thus, a report must accompany all bills utilizing these codes.

CONVERSION FACTOR = $25.00

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HOME INFUSION PROCEDURES / SERVICES

(CONVERSION FACTOR =$25.00)

CODE	UNIT VALUE
99601	BR
99602	BR

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DENTISTRY GROUND RULES

1. **GENERAL:** The allowable fee for any dental service or procedure is the provider's usual and customary charge or the maximum fee schedule allowance, whichever is less. The maximum fee schedule allowance for a particular service or procedure is determined by multiplying the listed Unit Value by the current dollar Conversion Factor applicable to dentistry. The Unit Values and Conversion Factor for dentistry are not applicable to any other section of the fee schedule.

2. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated " by report" (BR).

3. **PROCEDURES LISTED WITHOUT A SPECIFIED UNIT VALUE:** "BR" in the Unit Value column indicates that the amount charged for this service shall be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

4. **MATERIAL SUPPLIED BY A DENTIST:** Supplies and materials provided by a dentist (e.g., sterile trays, supplies, drugs) over and above those usually included with the office visits or other services rendered may be listed separately. Statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the dentist plus 25% of the cost or the cost of the item(s) plus $15.00 per item, **whichever is less**.

5. **CONCURRENT CARE:** When the condition of the patient requires the skills of two or more dentists or health care providers to treat different conditions, payment is due each dentist or health care provider who plays an active role in the treatment program. The services rendered by each dentist or health care provider shall be distinct, identifiable, and adequately documented in the records and reports.

6. **ALTERNATING DENTISTS AND/OR HEALTH CARE PROVIDERS:** When dentists or health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each dentist and health care provider shall charge individually for the services personally rendered; such charges shall be in accordance with this Fee Schedule.

7. **PRORATION OF SCHEDULED FEE:** When the schedule specifies a Unit Value for a definite treatment, and the patient is transferred from one dentist or health care provider to another, the applicable Unit Value is to be apportioned between the health care providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly with an explanatory note.

8. **MODIFIERS:** Procedure codes for dentistry may be modified under the circumstances described below. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. The modifiers that may be used are as follows:

   -22 Unusual Services: A report is required.

   -52 Reduced Values: Under certain circumstances, the listed value for a procedure is reduced or eliminated because of common practice, or at the dentist's election.

   -53 Primary Emergency Services: When a dental procedure is carried out by a dentist who will not be providing the follow-up care, the value shall be 70% of the listed value.

   -54 Surgical Procedure Only: When one dentist performs the surgical procedure itself and another provides the follow-up care, the fee may be apportioned between them. Identify the dentist performing the surgery with this modifier. The "global fee" is not to be increased, but prorated between the dentists.

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DENTISTRY GROUND RULES

-55 Follow-Up Care Only: When one dentist performs the main procedure itself and another provides the follow-up care, the value may be apportioned between them. Identify the dentist providing the follow-up care with this modifier. The "global fee" is not to be increased, but prorated between the dentists.

-56 Pre-Operative Care Only: When one dentist performs the care up until surgery and another dentist then takes over the care, the value may be apportioned between them. Identify the dentist providing the pre-operative care with this modifier. The "global fee" is not to be increased, but prorated between the dentists.

-99 Multiple Modifiers: By Report

9. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

10. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = $35.75

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DENTISTRY

(CONVERSION FACTOR = $35.75)

CODE	UNIT VALUE
D0120	0.76
D0140	0.98
D0150	1.10
D0160	1.45
D0170	BR
D0180	BR
D0210	2.24
D0220	0.43
D0230	0.35
D0240	0.60
D0250	1.00
D0260	0.50
D0270	0.43
D0272	0.70
D0274	1.00
D0277	BR
D0290	BR
D0310	BR
D0320	BR
D0321	BR
D0322	BR
D0330	1.91
D0340	2.00
D0350	BR
D0415	BR
D0416	BR
D0421	BR
D0425	BR
D0431	BR
D0460	0.73
D0470	1.52
D0472	BR
D0473	BR
D0474	BR
D0475	BR
D0476	BR
D0477	BR
D0478	BR
D0479	BR
D0480	BR
D0481	BR
D0482	BR
D0483	BR
D0484	BR
D0485	BR
D0502	BR
D0999	BR
D1110	1.50
D1120	1.07
D1201	1.33
D1203	0.64
D1204	0.69

CODE	UNIT VALUE
D1205	1.67
D1310	BR
D1320	0.30
D1330	0.67
D1351	0.83
D1510	5.26
D1515	7.41
D1520	4.00
D1525	6.00
D1550	0.93
D2140	1.96
D2150	2.48
D2160	3.01
D2161	3.60
D2330	2.41
D2331	3.06
D2332	3.75
D2335	4.46
D2390	BR
D2391	BR
D2392	BR
D2393	BR
D2394	BR
D2410	BR
D2420	BR
D2430	BR
D2510	12.53
D2520	14.33
D2530	BR
D2542	BR
D2543	17.07
D2544	16.67
D2610	14.30
D2620	15.95
D2630	17.00
D2642	17.35
D2643	18.21
D2644	18.50
D2650	12.40
D2651	14.17
D2652	17.00
D2662	13.00
D2663	15.77
D2664	17.00
D2710	11.90
D2712	BR
D2720	17.37
D2721	BR
D2722	BR
D2740	19.67
D2750	19.17
D2751	17.22

CODE	UNIT VALUE
D2752	17.98
D2780	BR
D2781	BR
D2782	BR
D2783	BR
D2790	18.39
D2791	13.83
D2792	14.54
D2794	BR
D2799	BR
D2910	1.30
D2915	BR
D2920	1.55
D2930	4.39
D2931	5.31
D2932	BR
D2933	BR
D2934	BR
D2940	1.61
D2950	4.34
D2951	0.53
D2952	6.34
D2953	BR
D2954	5.00
D2955	BR
D2957	BR
D2960	8.65
D2961	BR
D2962	16.81
D2971	BR
D2975	BR
D2980	BR
D2999	BR
D3110	1.36
D3120	1.29
D3220	2.77
D3221	BR
D3230	3.12
D3240	3.19
D3310	10.83
D3320	12.93
D3330	16.06
D3331	BR
D3332	BR
D3333	BR
D3346	BR
D3347	BR
D3348	BR
D3351	BR
D3352	BR
D3353	BR
D3410	9.37

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DENTISTRY

(CONVERSION FACTOR = $35.75)

CODE	UNIT VALUE	CODE	UNIT VALUE	CODE	UNIT VALUE
D3421	BR	D5411	1.06	D5931	BR
D3425	BR	D5421	1.06	D5932	BR
D3426	BR	D5422	1.06	D5933	BR
D3430	BR	D5510	3.23	D5934	BR
D3450	8.51	D5520	2.71	D5935	BR
D3460	BR	D5610	3.19	D5936	BR
D3470	BR	D5620	4.75	D5937	BR
D3910	BR	D5630	4.38	D5951	BR
D3920	BR	D5640	2.73	D5952	BR
D3950	BR	D5650	3.50	D5953	BR
D3999	BR	D5660	4.54	D5954	BR
D4210	8.99	D5670	BR	D5955	BR
D4211	3.07	D5671	BR	D5958	BR
D4240	6.00	D5710	9.60	D5959	BR
D4241	BR	D5711	10.00	D5960	BR
D4245	BR	D5720	8.00	D5982	BR
D4249	BR	D5721	8.00	D5983	BR
D4260	15.27	D5730	5.42	D5984	BR
D4261	BR	D5731	5.42	D5985	BR
D4263	BR	D5740	5.17	D5986	BR
D4264	BR	D5741	5.17	D5987	BR
D4265	BR	D5750	8.24	D5988	BR
D4266	BR	D5751	8.26	D5999	BR
D4267	BR	D5760	7.37	D6010	25.00
D4268	BR	D5761	7.37	D6040	BR
D4270	BR	D5810	10.83	D6050	BR
D4271	BR	D5811	10.83	D6053	BR
D4273	BR	D5820	10.00	D6054	BR
D4274	BR	D5821	10.00	D6055	BR
D4275	BR	D5850	2.00	D6056	BR
D4276	BR	D5851	2.00	D6057	BR
D4320	BR	D5860	BR	D6058	BR
D4321	5.73	D5861	BR	D6059	BR
D4341	4.49	D5862	BR	D6060	BR
D4342	BR	D5867	BR	D6061	BR
D4355	BR	D5875	BR	D6062	BR
D4381	BR	D5899	BR	D6063	BR
D4910	2.13	D5911	BR	D6064	BR
D4920	BR	D5912	BR	D6065	BR
D4999	BR	D5913	BR	D6066	BR
D5110	27.04	D5914	BR	D6067	BR
D5120	26.98	D5915	BR	D6068	BR
D5130	28.27	D5916	BR	D6069	BR
D5140	28.28	D5919	BR	D6070	BR
D5211	19.27	D5922	BR	D6071	BR
D5212	19.33	D5923	BR	D6072	BR
D5213	29.09	D5924	BR	D6073	BR
D5214	29.04	D5925	BR	D6074	BR
D5225	BR	D5926	BR	D6075	BR
D5226	BR	D5927	BR	D6076	BR
D5281	14.18	D5928	BR	D6077	BR
D5410	1.06	D5929	BR	D6078	BR

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DENTISTRY

(CONVERSION FACTOR = $35.75)

CODE	UNIT VALUE	CODE	UNIT VALUE	CODE	UNIT VALUE
D6079	BR	D6782	BR	D7415	BR
D6080	BR	D6783	BR	D7440	BR
D6090	BR	D6790	18.50	D7441	BR
D6094	BR	D6791	13.83	D7450	10.00
D6095	BR	D6792	14.54	D7451	16.00
D6100	BR	D6793	BR	D7460	10.00
D6190	BR	D6794	BR	D7461	16.00
D6194	BR	D6920	BR	D7465	BR
D6199	BR	D6930	2.32	D7471	BR
D6205	BR	D6940	BR	D7472	BR
D6210	19.66	D6950	BR	D7473	BR
D6211	14.00	D6970	BR	D7485	BR
D6212	16.00	D6971	BR	D7490	BR
D6214	BR	D6972	BR	D7510	4.00
D6240	19.17	D6973	BR	D7511	BR
D6241	17.33	D6975	BR	D7520	5.58
D6242	15.99	D6976	BR	D7521	BR
D6245	BR	D6977	BR	D7530	1.21
D6250	BR	D6980	BR	D7540	2.62
D6251	BR	D6985	BR	D7550	BR
D6252	BR	D6999	BR	D7560	BR
D6253	BR	D7111	BR	D7610	40.00
D6545	12.78	D7140	BR	D7620	35.00
D6548	BR	D7210	4.32	D7630	45.00
D6600	BR	D7220	5.00	D7640	40.00
D6601	BR	D7230	6.19	D7650	BR
D6602	BR	D7240	7.51	D7660	BR
D6603	BR	D7241	8.83	D7670	14.87
D6604	BR	D7250	4.55	D7671	BR
D6605	BR	D7260	12.00	D7680	BR
D6606	BR	D7261	BR	D7710	50.00
D6607	BR	D7270	5.00	D7720	44.00
D6608	BR	D7272	BR	D7730	55.76
D6609	BR	D7280	6.00	D7740	45.00
D6610	BR	D7282	BR	D7750	BR
D6611	BR	D7283	BR	D7760	BR
D6612	BR	D7285	4.68	D7770	26.00
D6613	BR	D7286	4.68	D7771	BR
D6614	BR	D7287	BR	D7780	68.84
D6615	BR	D7288	BR	D7810	BR
D6624	BR	D7290	12.00	D7820	BR
D6634	BR	D7291	0.92	D7830	BR
D6710	BR	D7310	3.84	D7840	BR
D6720	18.43	D7320	5.08	D7850	BR
D6721	BR	D7321	BR	D7852	BR
D6722	BR	D7340	BR	D7854	BR
D6740	BR	D7350	BR	D7856	BR
D6750	19.23	D7410	5.16	D7858	BR
D6751	17.35	D7411	BR	D7860	BR
D6752	15.60	D7412	BR	D7865	BR
D6780	18.33	D7413	BR	D7870	BR
D6781	BR	D7414	BR	D7871	BR

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DENTISTRY

(CONVERSION FACTOR = $35.75)

CODE	UNIT VALUE
D7872	BR
D7873	BR
D7874	BR
D7875	BR
D7876	BR
D7877	BR
D7880	14.19
D7899	BR
D7910	3.36
D7911	6.26
D7912	BR
D7920	BR
D7940	BR
D7941	BR
D7943	BR
D7944	BR
D7945	BR
D7946	BR
D7947	BR
D7948	BR
D7949	BR
D7950	BR
D7953	BR
D7955	BR
D7960	5.56
D7963	BR
D7970	6.10
D7971	6.00
D7972	BR
D7980	BR
D7981	BR
D7982	BR
D7983	BR
D7990	BR
D7991	BR
D7995	BR
D7996	BR
D7997	BR
D7999	BR
D8010	BR
D8020	BR
D8030	BR
D8040	BR
D8050	BR
D8060	BR
D8070	BR
D8080	BR
D8090	BR
D8210	6.00
D8220	7.00
D8660	BR
D8670	BR

CODE	UNIT VALUE
D8680	BR
D8690	BR
D8691	BR
D8692	BR
D8999	BR
D9110	1.83
D9210	0.83
D9211	0.37
D9212	BR
D9215	0.30
D9220	BR
D9221	BR
D9230	0.92
D9241	BR
D9242	BR
D9248	BR
D9310	3.00
D9410	2.78
D9420	2.97
D9430	1.07
D9440	2.00
D9450	BR
D9610	BR
D9630	0.66
D9910	0.83
D9911	BR
D9920	BR
D9930	BR
D9940	7.91
D9941	2.38
D9942	BR
D9950	BR
D9951	2.61
D9952	8.33
D9970	BR
D9971	BR
D9972	BR
D9973	BR
D9974	BR
D9999	BR

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HOSPITAL/AMBULATORY SURGICAL CENTER GROUND RULES AND FEES

1. **GENERAL:** With regard to the DRG classifications listed below and for the hospitals in **Peer Group 1**, reimbursement for inpatient hospital services provided on or after October 1, 1999, and updated to remain current, is to be determined in accordance with the DRG classification and methodology that was developed by the Center for Medicare & Medicaid Services (CMS) for the Medicare program.

DRG No.	DRG DESCRIPTION
032	Concussion, age > 17 w/o cc
209	Major joint and limb reattachment procedures of lower extremity
210	Hip and femur procedures except major joint, age > 17 w cc
211	Hip and femur procedures except major joint, age > 17 w/o cc
217	Wound debridement and skin graft except hand, for musculoskeletal and connective tissue disorder
218	Lower extremity and humerus procedures except hip, foot, femur, age > 17 w cc
219	Lower extremity and humerus procedures except hip, foot, femur, age > 17 w/o cc
223	Major shoulder / elbow procedure, or other upper extremity procedure w cc
224	Shoulder, elbow or forearm procedure except major joint procedure, w/o cc
225	Foot procedures
227	Soft tissue procedures, w/o cc
236	Fractures of hip and pelvis
243	Medical back problems
254	Fracture, sprain, strain and dislocation of upper arm, lower leg except foot, age > 17 w/o cc
278	Cellulitis, age > 17 w/o cc
281	Trauma to the skin, subcutaneous tissue and breast, age > 17 w/o cc
415	Operating room procedure for infectious and parasitic diseases
440	Wound debridements for injuries
441	Hand procedures for injuries
445	Traumatic injury age > 17 w/o cc
487	Other multiple significant trauma
496	Combined anterior/posterior spinal fusion
497	Spinal fusion w cc
498	Spinal fusion w/o cc
499	Back and neck procedures except spinal fusion w cc
500	Back and neck procedures except spinal fusion w/o cc
507	Full thickness burn with skin graft or inhal inj w/o cc or sig trauma
511	Non-extensive burns w/o cc or significant trauma
520	Cervical spinal fusion w/o cc
537	Local excision and removal of internal fixation device except hip and femur w cc
538	Local excision and removal of internal fixation device except hip and femur w/o cc

For any hospitals or ambulatory surgical centers in **Peer Groups 2 and 3, and for all other DRG classifications not listed above**, reimbursement is to be at a variable discount rate. The variable discount rate for Peer Groups 1, 2, and 3 is 15.0%, 12.5%, and 10.0% respectively which is to be applied to the facility's usual and customary charge. **Ambulatory surgical centers are to be similarly grouped in association with the nearest proximate hospital, and are to be reimbursed in accordance with the variable discount rate.** Unless otherwise specified in this section of the fee schedule (Pathology and Laboratory charges, for example), outpatient services are also subject to the variable discount rate.

Limited data available for hospital Peer Groups 2 and 3, dictates that the DRG reimbursement system be introduced in phases beginning, with Peer Group 1. When sufficient data are available, the DRG reimbursement system may be expanded for use in the smaller hospitals.

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HOSPITAL/AMBULATORY SURGICAL CENTER GROUND RULES AND FEES

PEER GROUP 1 (15.0% Discount)

Derby .....Derby Ambulatory Surgery Center
Kansas City.....Heart of America Surgery Center
Kansas City.....Providence Medical Center-Providence Health
Kansas City.....University of Kansas Hospital
Lawrence .....Lawrence Memorial Hospital
Lawrence .....Lawrence Surgery Center
Leawood .....Discover Vision Surgery and Laser Center
Leawood .....Skin and Mohs Surgery Center
Leawood .....Surgery Center of Leawood
Leawood .....The Headache and Pain Center
Leawood .....Kansas City Otrhopaedic Institute
Leawood .....Doctors Specialty Hospital LLC
Olathe .....Olathe Surgical Associates
Olathe .....Olathe Medical Center, Inc.
Overland Park.....ADS Ambulatory Surgery Center
Overland Park.....College Park Family Care Center, PA
Overland Park.....Comprehensive Health Planned Parenthood
Overland Park.....Endoscopic Imaging Center, LLC
Overland Park.....Novamed Eye Surg. Center
Overland Park.....Park Place Surgery Center, Inc.
Overland Park.....South KC Surgical Center, LLC
Overland Park.....Surgicenter of Johnson County
Overland Park.....Heartland Surgical Specialty Hospital
Overland Park.....Children's Mercy South
Overland Park.....Menorah Medical Center
Overland Park.....Mid-America Rehabilitation Hospital
Overland Park.....Specialty Hospital of Mid-America
Overland Park.....Saint Luke's South Hospital
Overland Park.....Overland Park RMC
Overland Park.....Select Specialty Hospital – Kansas City
Prairie Village.....Physicians Surgery Center
Shawnee.....KU Medwest Ambulatory Surgery
Shawnee.....The Westglen Endoscopy Center
Shawnee Mission.....Ambulatory Surgery Center of KC, Inc.
Shawnee Mission.....Shawnee Mission Surgery Center
Shawnee Mission.....Shawnee Mission Medical Center
Topeka .....Cotton-O'Neil Clinic Endo. Ctr.
Topeka .....Endoscopy and Surgery Center of Topeka
Topeka .....Tallgrass Surgical Center
Topeka .....Topeka Single Day Surgery
Topeka .....Washburn Surgery Center, LLC
Topeka .....St. Francis Health Center
Topeka .....Select Specialty Hospital of Topeka
Topeka .....Stormont-Vail Health Care
Topeka .....Stormont-Vail West
Topeka .....Kansas Rehabilitation Hospital
Wichita .....Associated Eye Surgical Center
Wichita .....Cypress Surgery Center
Wichita .....Endoscopic Services, PA
Wichita .....Galichia Heart Hospital, LLC
Wichita .....Kansas Endoscopy, LLC
Wichita .....Kansas Hearth Hospital
Wichita .....Kansas Spine Hospital, LLC

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HOSPITAL/AMBULATORY SURGICAL CENTER GROUND RULES AND FEES

PEER GROUP 1 (15.0% Discount) (continued)

Wichita .....Mid West Surgery Center LLC
Wichita .....Plastic Surgery Center
Wichita .....Surgery Center of Kansas
Wichita .....Surgicare of Wichita, Inc.
Wichita .....Team Vision Surgery Center East
Wichita .....Team Vision Surgery Center West
Wichita .....The Center For Same Day Surgery
Wichita .....Wichita Clinic Day Surgery
Wichita .....Kansas Surgery and Recovery Center
Wichita .....Select Specialty Hospital of Wichita
Wichita .....Via Christi RMC
Wichita .....Via Christi Rehab Ctr. - Our Lady of Lourdes Campus
Wichita .....Via Christi Riverside Medical Center
Wichita .....Wesley Medical Center
Wichita .....Wichita Specialty Hospital
Wichita .....Wesley Rehabilitation Hospital

PEER GROUP 2 (12.5% Discount)

Chanute .....Neosho Memorial Hospital
Coffeyville .....Coffeyville Regional Medical Center
Dodge City .....Surgery Center of Dodge City, LLC
Dodge City .....Western Plains Medical Complex
El Dorado .....Susan B. Allen Memorial Hospital
Emporia.....Emporia Ambulatory Surgery Center
Emporia.....Newman Regional Health
Emporia.....Emporia Surgical Hospital LLC
Fort Scott .....Quinlan Eye Surgery and Laser Center
Fort Scott .....Mercy Health Center
Garden City.....Fry Eye Surgery Center
Garden City.....Surgery Center of SW Kansas, LLC
Garden City.....Saint Catherine Hospital
Great Bend.....Central Kansas Medical Center
Great Bend.....Surgical & Diagnostic Center of Great Bend
Hays.....NW Kansas Surgery Center
Hays.....Hays Medical Center
Hutchinson.....Hutchinson Ambulatory Surgery
Hutchinson.....Hutchinson Clinic, ASA
Hutchinson.....Surgery Center of South Central Kansas
Hutchinson.....Hutchinson Hospital
Junction City .....Geary Community Hospital
Leavenworth .....Cushing Memorial Hospital
Leavenworth .....Saint John Hospital
Manhattan.....Mercy Regional Health Center, Inc.
Manhattan.....Manhattan Surgical Center, LLC
Newton.....Newton Surgery Centre
Newton.....Newton Medical Center
Newton.....Prairie View, Inc.
Paola.....Miami County Medical Center, Inc.
Parsons.....Labette County Medical Center
Pittsburg.....Century Surgical Associates, Inc.
Pittsburg.....Mt. Carmel Regional Medical Center

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HOSPITAL/AMBULATORY SURGICAL CENTER GROUND RULES AND FEES

PEER GROUP 2 (12.5% Discount) (continued)

Salina .....Laser Center
Salina .....Salina Regional Health Center
Salina .....Saint Francis at Salina
Salina .....Salina Surgical Hospital
Winchester .....Jefferson County Memorial Hospital, Inc. and Geriatric Center

PEER GROUP 3 (10.0% Discount)

All other hospitals are to be reimbursed at their usual and customary charge, less 10%. This is to include the following state institutions:

Rainbow Mental Health Facility at Kansas City, Kansas
Larned State Hospital at Larned, Kansas
Osawatomie State Hospital at Osawatomie, Kansas
Parsons State Hospital & Training Center at Parsons, Kansas
Kansas Neurological Institute at Topeka, Kansas

Out-of-state hospitals are subject to a 15% discount. Additionally, for any hospital that is paid using the variable discount method, regardless of peer group classification, and when the total charges for an inpatient hospitalization exceed $40,000, an additional 5.0% discount is to be applied to all the charges in excess of $40,000.

2. **DETERMINING PAYMENT FOR INPATIENT HOSPITAL CLAIMS:** Each and every claim for inpatient hospital services **(regardless of whether the hospital is located in Peer Group 1, 2, or 3 and may be subject to the variable discount rate)** is to be assigned a DRG classification. This is achieved by means of a DRG grouper. The grouper uses vital information from the claim, such as diagnosis and charge information, to determine which DRG classification best describes the inpatient stay. Only a CMS-DRG grouper (current with the care provided and employing the ICD-9 codes in effect at the time the services were provided) may be used to classify Workers Compensation claims for payment. Once a DRG is assigned to the claim, payment can be determined.

   A hospital is to assign a DRG classification to the claim prior to submitting it for payment. The DRG is to be listed in form locator (field) 78 on the UB-92 claim form. Upon receipt of the claim, the reviewer/payer is to process the claim to verify the DRG classification assigned by the hospital. If the reviewer/payer processes a claim and arrives at a DRG classification other than the one assigned by the hospital, the reviewer/payer should contact the hospital to agree on the correct DRG classification that is necessary to process the claim.

   After the claim has been assigned a DRG classification, payment is then determined in accordance with the methodology referenced below. Note that all inpatient claims will not be paid at the DRG rate. The only claims to be paid at the DRG rate will be those claims having been assigned a DRG classification that corresponds with those listed in this section of the fee schedule and for which the inpatient hospital services were provided by a hospital located in Peer Group 1. The Workers Compensation DRG payment system takes into account that within any given DRG classification there will be claims with actual total charges that are unusually high or unusually low. Payment for these unusual claims are not to be made at the DRG rate, but are to be paid according to the methodologies described later.

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HOSPITAL/AMBULATORY SURGICAL CENTER GROUND RULES AND FEES

3. DRG CLASSIFICATIONS AND RATES (including low and high trimpoints):

DRG	DRG DESCRIPTION	TRIMPOINTS LOW	TRIMPOINTS HIGH	DRG RATE
032	Concussion, age > 17 w/o cc	3,138	34,287	12,551
209	Major joint and limb reattachment procedure of lower extremity	14,127	50,480	27,458
210	Hip and femur procedures except major joint, age > 17 w cc	7,731	71,027	30,924
211	Hip and femur procedures except major joint, age > 17 w/o cc	5,563	52,941	22,252
217	Wound debridement and skin graft except hand, for musculoskeletal and connective tissue disorder	7,665	95,232	30,659
218	Lower extremity and humerus procedure except hip, foot, femur, age > 17 w/cc	5,806	51,540	23,222
219	Lower extremity and humerus procedure except hip, foot, femur, age > 17 w/o cc	3,989	33,914	15,954
223	Major shoulder / elbow procedure, or other upper extremity procedure, w cc	5,359	61,011	21,438
224	Shoulder, elbow or forearm procedure except major joint procedure, w/o cc	4,554	23,644	11,984
225	Foot procedures	5,383	26,219	13,431
227	Soft tissue procedures w/o cc	4,106	41,225	16,423
236	Fractures of hip and pelvis	2,112	19,362	8,448
243	Medical back problems	1,651	17,598	6,602
254	Fracture, sprain, strain and dislocation of upper arm, lower leg, except foot age > 17 w/o cc	1,657	16,884	6,627
278	Cellulitis, age > 17 w/o cc	1,308	13,183	5,232
281	Trauma to the skin, subcutaneous tissue and breast, age > 17 w/o cc	2,275	23,667	9,099
415	Operating room procedure for infectious and parasitic diseases	4,826	57,294	19,305
440	Wound debridements for injuries	6,214	66,670	24,858
441	Hand procedures for injuries	4,894	60,937	19,575
445	Traumatic injury age > 17 w/o cc	2,485	32,474	9,940
487	Other multiple significant trauma	4,903	50,058	19,612
496	Combined anterior/posterior spinal fusion	29,125	108,113	58,326
497	Spinal fusion w/cc	12,824	78,573	38,844
498	Spinal fusion w/o cc	6,489	56,313	25,955
499	Back and neck procedure except spinal fusion w/cc	6,526	37,567	18,739
500	Back and neck procedure except spinal fusion w/o cc	6,359	24,701	13,200
507	Full thickness burn with skin graft or inhal inj w/o cc or sig trauma	4,660	53,011	18,640
511	Non-extensive burns w/o cc or significant trauma	3,778	51,485	15,114
520	Cervical spinal fusion w/o cc	13,617	33,052	19,834
537	Local excision and removal of internal fixation device except hip and femur w cc	8,261	90,297	33,046
538	Local excision and removal of internal fixation device except hip and femur w/o cc	3,469	24,583	13,874

4. DETERMINING PAYMENT: As reflected above, each of the specific DRGs has a designated DRG rate as well as a low trim point and a high trim point. Trim points have been set at statistically defined intervals and, as the name applies, serve to exclude outlier claims with actual total charges that are unusually low or high. The DRG payment rate is applied to those claims when the actual total charge falls between the low and the high trim points.

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Example: DRG 500: Back & neck procedures except spinal fusion w/o cc

Low Trim: $6,359 High Trim: $24,701 DRG Rate: $13,200

Actual Total Charge = $23,000

Because the actual total charge is between the low trim amount and the high trim amount, payment will be made at the DRG rate of $13,200

Note: Any claim in DRG classification 500 whose actual total charge is not lower than $6,359 or higher than $24,701, such claim is to be paid at the DRG rate of $13,200.

A claim whose actual total charge is less than the low trim amount is considered a low-lier claim and one whose actual total charge exceeds the high trim amount is considered a high-lier claim. **Low-lier and high-lier claims are not paid at the DRG rate.**

5. **DETERMINING PAYMENT FOR A LOW-LIER CLAIM:** A low-lier claim is any claim when the actual total charge is less than the low trim amount for its assigned DRG classification. Such a type of claim is not to be paid at the DRG rate. Payment is determined by multiplying the actual total charge by .85 to achieve a 15.0% discount.

Example: DRG 500: Back & neck procedures except spinal fusion w/o cc

Low Trim: $6,359 High Trim: $24,701 DRG Rate: $13,200

Actual Total Charge = $6,000

Because the actual total charge is lower than the low trim amount, payment is determined by applying the low-lier calculation: $6,000 x .85 = $5,100.

Note: Payment for any claim in DRG classification 500 whose actual total charge is lower than $6,359 will be calculated according to this methodology.

6. **DETERMINING PAYMENT FOR A HIGH-LIER CLAIM:** A high-lier claim is any claim when the actual total charge is greater than the high trim point for its assigned DRG classification. Such a type of claim is not paid at the DRG rate. Payment is determined by multiplying the actual total charge by .85 to achieve a 15.0% discount. **Reimbursement for Pathology or Laboratory charges, and Surgical Implantables is defined as any other Non-DRG Hospital charges**.

Example: DRG 500: Back & neck procedures except spinal fusion w/o cc

Low Trim: $6,359 High Trim: $24,701 DRG Rate: $13,200

Actual Total Charge = $25,000

Because the actual total charge is greater than the high trim amount, payment is determined by applying the high-lier calculation: $25,000 x .85 = $21,250.

Note: Payment for any claim in DRG classification 500 whose actual total charge is higher than $24,701 will be calculated according to this methodology.

7. **DRGs AND PATIENT TRANSFER TO ANOTHER HOSPITAL:** When a hospital is unable to provide the level of care and service necessary for the management of a complex medical or surgical problem, transfer of the patient to another hospital facility may become necessary. In that event, charges incurred by the

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transferring hospital are to be paid in accordance with that hospital's peer group assignment and the associated variable discount rate. The receiving hospital is to be paid in accordance with the entire DRG classification assignment for that admission.

8. **PRE-ADMISSION HOSPITAL CHARGES:** Any hospital charges incurred up to 72 hours prior to admission at the same hospital under the DRG payment system, are to be billed as part of that admission and not to be billed separately.

9. **PHYSICAL MEDICINE AND REHABILITATION:** Except for any inpatient hospital services that would be grouped within a DRG classification, reimbursement for any services provided by physical/occupational therapists is to be in accordance with the variable discount rate. However, for any hospitals having one or more affiliate clinics providing services on an outpatient basis, only one such clinic is allowed to submit billings using the hospital's Federal Tax ID number. The services for all other clinics affiliated with the same hospital are limited to the Maximum Allowable Fee for the respective *CPT* code that is contained within the Physical Medicine and Rehabilitation Section of this Fee Schedule.

10. **RADIOLOGY CHARGES:** Except for any inpatient hospital radiology services that would be grouped within a DRG classification for payment purposes, all other inpatient hospital radiology services are to be reimbursed according to the variable discount rate. Reimbursement for any outpatient radiology services provided by hospitals or ambulatory surgical centers are subject to the Maximum Allowable Fee for the respective *CPT* code that is contained within the Radiology Section of this Fee Schedule.

11. **PATHOLOGY OR LABORATORY CHARGES:** Except for any inpatient hospital services that would be grouped within a DRG classification for payment purposes, reimbursement for any other pathology and laboratory services provided by hospitals or ambulatory surgical centers are subject to the Maximum Allowable Fee for the respective *CPT* code that is contained within the Pathology and Laboratory Section of this Fee Schedule.

12. **INPATIENT CARE:** Charges for inpatient hospital care of more than one day shall be subject to review in cases where the patient is ambulatory. The attending health care provider will be required to submit sufficient information to substantiate why inpatient care was necessary. Once the patient's condition becomes such that further inpatient care is only a matter of personal convenience, the executive officer or administrator of the hospital or ambulatory surgical center should notify the employer (or insurance carrier) at once. Such notification should also be provided to the Director of Workers Compensation.

13. **DETERMINING PAYMENT FOR AMBULATORY SURGICAL CENTERS INVOLVING MULTIPLE OR BILATERAL PROCEDURES:** The Surgery Ground Rules for multiple or bilateral procedures are similarly applied to individual billed charges submitted by ambulatory surgical centers. Please refer to the **Surgery Section** of this fee schedule for details and examples. Note that the variable discount will still apply to any multiple or bilateral procedures.

14. **FACILITY FEES:** Ambulatory Surgical Centers must indicate that services provided and identified by a *CPT* code, reflect a facility fee, rather than the maximum amount related to the *CPT* code and its Unit Value defined for an individual provider.

    Outpatient facility fees are only reimbursed if the facility is credentialed at the appropriate level for the services provided. Such credentials include:

    A. Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
    B. Kansas Department of Health and Environment (KDHE) licensure as an ambulatory surgical center; or
    C. The facility level of safety, monitoring and quality of care as the JCAHO or KDHE licensure requires and has documented use showing the processes and procedures are in practice. In all other cases, a facility fee is not reimbursable without prior agreement from the payer, regardless of location of service.

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HOSPITAL/AMBULATORY SURGICAL CENTER GROUND RULES AND FEES

15. **PHYSICIAN CHARGES:** A hospital or ambulatory surgical center shall bill for services provided by a physician **only if** that service involves: both professional and technical components; and, the physician is a contract employee of said facility. **Both** of these conditions **must** be satisfied for the hospital to bill. Services of this type would most frequently be in the physician specialty areas of radiology, pathology, or emergency room.

Billing for any physician service is to be submitted using the CMS 1500 form (or an equivalent form) containing the appropriate information as well as identifying the specific *CPT* code that was involved. Note also that the maximum allowable payment to a physician providing services in a hospital or ambulatory surgical center is to be **limited to the maximum allowable payment** that is contained within this Fee Schedule, which applies to the particular *CPT* code(s) being submitted.

16. **PROFESSIONAL AND TECHNICAL COMPONENTS:** Hospitals and ambulatory surgical centers must recognize that a difference may exist between the professional and technical components of services provided. It is, therefore, necessary to amend the billing process to specify, by use of modifiers, when only the professional component or the technical component was provided.

17. **ROOM:** Charges for other than semiprivate or ward service shall be subject to review, and must be accompanied by a statement identifying the source of authorization and necessity for other types of accommodations.

18. **SURGICAL IMPLANTABLES:** Reimbursement for any single surgical implantable item (e.g., rods, pins, screws, plates, prosthetic joint replacements) and which is made of plastic, metallic, or of autogenous/non-autogenous graft material that reflects a charge of $250.00 or more, is to be determined by cost to the hospital or ambulatory surgical center plus a 50% markup above the invoice cost. A copy of the invoice (date of purchase within twelve months of implantation) must be submitted with the bill.

This payment determination is not applicable when the total bill, including charges for surgical implantables, falls within the low and high trim points of any DRG specifically listed within this fee schedule.

19. **DURABLE MEDICAL EQUIPMENT:** Items such as wheelchairs, crutches, etc. when supplied by a hospital or ambulatory surgical center for the care of an inpatient or outpatient and billed with a charge of $250.00 or more will be reimbursed at invoice cost plus a 50% markup. Verification of such cost must be attached to the bill when it is submitted for payment.

In accordance with Kansas Law, the Kansas Department of Revenue does not collect sales tax on Durable Medical Equipment, if purchased with a prescription or written order from the physician ordering the item classified as Durable Medical Equipment.

20. **TRANSFUSIONS:** Charges for any blood transfusions shall be subject to review, to determine if the patient made any arrangements to obtain replacement units on his or her own.

21. **REVIEWS AND AUDITS:** The employer (or insurance carrier) has the right to conduct, or make arrangements for a bill audit of inpatient services to determine that such services were directly related to the compensable injury. The hospital or ambulatory surgical center should not make any additional charges on a given case under review during the course of the bill audit, unless it is for service which would not be covered under the Workers Compensation Act.

22. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements with hospitals or ambulatory surgical centers in their community to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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MEDICAL EQUIPMENT AND SUPPLIES GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for certain medically necessary equipment, devices, or supplies (except for Prosthetic and/or Orthotic devices) that are appropriate and medically necessary as a result of a compensable injury shall be limited to the supplier's cost plus 50%. If the charge for a single item (equipment, device, or supply) or the charge for a line item total is more than $100.00, verification of the supplier's costs must be attached to the provider's bill.

   Reimbursement for any prosthetic and/or orthotic devices (excluding prosthetic surgical implants), regardless of the charge, shall be limited to the 2005 Medicare Fee Schedule, **plus an additional 25%**, as reflected by the L Code System of the 2005 Healthcare Common Procedure Coding System (HCPCS). Additionally, any charges for any prosthetic and/or orthotic devices shall be billed using the L Code System of the Healthcare Common Procedure Coding System (HCPCS), and submitted using the CMS (formerly HCFA) 1500 form or an equivalent form containing the same information.

   Included herein are the Prosthetic and Orthotic Fee Schedule Allowances. The 2005 HCPCS allowances were obtained from Cigna HealthCare who is under contract with CMS as the Durable Medical Equipment Regional Carrier (DMERC). DMERC provides claims administration for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The maximum payments, as listed, **include** an additional 25% which has been added to the 2005 HCPCS L Codes.

   Note carefully the -KM and -KN modifiers applicable to facial prostheses (codes L8040 through L8047):

   -KM Replacement of facial prosthesis including new impression/moulage.
   -KN Replacement of facial prosthesis using previous master model.

   Be advised further that the rates contained within this section for the various L Codes will remain in effect until the next revision of the Kansas Workers Compensation Schedule of Medical Fees.

   Any equipment or supplies, including prosthetic and/or orthotic devices, not specifically recommended or prescribed by a health care provider shall not be reimbursed. In the event, however, a health care provider recommends and/or prescribes the use of any medical equipment or supplies (e.g., special size of gauze) that can be purchased over-the-counter, and the injured employee pays for said medical supply directly, the injured employee is entitled to be reimbursed for the purchase of such equipment or supplies. The injured employee must submit copies of any receipts and/or proofs of purchase to the employer (or insurance carrier) for proper reimbursement. However, a pharmacy may bill the insurer directly for payment, at the usual and customary price for the pharmacy, for items recommended by a health care provider.

2. **PRIOR AUTHORIZATION:** Prior authorization, by the employer (or insurance carrier), is required on whether to rent or purchase an item. The decision to rent or purchase shall be made by the employer, an authorized representative, or the insurance carrier, based on a cost comparison of the monthly rental fee, the prescribing health care provider's estimate of how long the item will be needed, and the purchase price.

3. **FORMS:** Items which are prescribed for work-related injuries should be billed using the CMS 1500 form.

4. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into a contract with a qualified supplier for the renting or purchasing of items that are medically necessary. Such contract, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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MEDICAL EQUIPMENT AND SUPPLIES

HCPCS CODE	MAXIMUM FEE
L0100	$703.10
L0110	$174.09
L0112	$1,401.54
L0120	$33.29
L0130	$153.51
L0140	$80.31
L0150	$134.85
L0160	$163.86
L0170	$618.41
L0172	$120.79
L0174	$273.61
L0180	$351.23
L0190	$493.76
L0200	$592.80
L0210	$42.26
L0220	$128.41
L0430	$1,313.95
L0450	$184.11
L0452	BR
L0454	$347.31
L0456	$995.95
L0458	$893.06
L0460	$1,005.20
L0462	$1,250.31
L0464	$1,488.45
L0466	$367.24
L0468	$466.41
L0470	$643.25
L0472	$405.34
L0480	$1,735.26
L0482	$1,624.01
L0484	$1,691.40
L0486	$1,774.10
L0488	$1,005.20
L0490	$283.26
L0700	$2,536.41
L0710	$2,104.45
L0810	$2,589.55
L0820	$2,070.60
L0830	$3,048.75
L0860	$1,146.29
L0861	$215.81
L0960	$67.43
L0970	$107.54
L0972	$98.48
L0974	$179.49
L0976	$167.63
L0978	$240.11
L0980	$16.43
L0982	$17.59
L0984	$65.58

HCPCS CODE	MAXIMUM FEE
L0999	BR
L1000	$1,998.04
L1005	$3,205.04
L1010	$70.48
L1020	$81.33
L1025	$117.34
L1030	$59.86
L1040	$74.20
L1050	$78.34
L1060	$92.58
L1070	$84.66
L1080	$52.08
L1085	$144.84
L1090	$87.13
L1100	$164.58
L1110	$302.76
L1120	$37.38
L1200	$1,707.53
L1210	$246.21
L1220	$215.81
L1230	$534.89
L1240	$73.06
L1250	$67.98
L1260	$71.19
L1270	$72.90
L1280	$81.18
L1290	$73.96
L1300	$1,692.36
L1310	$1,803.88
L1499	BR
L1500	$2,231.20
L1510	$1,297.08
L1520	$2,618.39
L1600	$121.25
L1610	$48.64
L1620	$130.10
L1630	$174.56
L1640	$490.10
L1650	$229.45
L1652	$356.98
L1660	$161.03
L1680	$1,396.21
L1685	$1,119.24
L1686	$858.33
L1690	$1,936.39
L1700	$1,572.64
L1710	$1,682.08
L1720	$1,456.38
L1730	$1,170.50
L1750	$185.13
L1755	$1,524.38

HCPCS CODE	MAXIMUM FEE
L1800	$67.33
L1810	$94.19
L1815	$111.98
L1820	$124.91
L1825	$51.74
L1830	$85.75
L1831	$294.73
L1832	$572.06
L1834	$788.83
L1836	$133.63
L1840	$886.40
L1843	$898.51
L1844	$1,893.38
L1845	$769.09
L1846	$999.00
L1847	$575.95
L1850	$280.73
L1855	$1,033.99
L1858	$1,127.49
L1860	$1,282.89
L1870	$1,062.58
L1880	$720.64
L1900	$264.34
L1901	$17.71
L1902	$79.26
L1904	$444.79
L1906	$113.16
L1907	$563.44
L1910	$251.63
L1920	$328.95
L1930	$260.15
L1932	$893.59
L1940	$509.60
L1945	$871.03
L1950	$732.43
L1951	$840.99
L1960	$521.55
L1970	$800.29
L1971	$469.36
L1980	$383.08
L1990	$484.15
L2000	$954.39
L2005	$3,604.61
L2010	$874.69
L2020	$1,098.70
L2030	$1,015.18
L2035	$173.45
L2036	$1,745.76
L2037	$1,567.24
L2038	$1,345.30
L2039	$2,225.45

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MEDICAL EQUIPMENT AND SUPPLIES

HCPCS CODE	MAXIMUM FEE
L2040	$167.06
L2050	$448.24
L2060	$565.63
L2070	$131.01
L2080	$367.79
L2090	$457.03
L2106	$639.76
L2108	$1,005.36
L2112	$439.00
L2114	$576.98
L2116	$709.11
L2126	$1,126.74
L2128	$1,613.46
L2132	$759.04
L2134	$910.06
L2136	$1,123.51
L2180	$111.03
L2182	$103.46
L2184	$116.56
L2186	$146.95
L2188	$281.80
L2190	$86.85
L2192	$425.03
L2200	$44.74
L2210	$63.25
L2220	$79.00
L2230	$74.34
L2232	BR
L2240	$82.91
L2250	$393.91
L2260	$188.63
L2265	$113.09
L2270	$50.54
L2275	$150.05
L2280	$426.08
L2300	$263.06
L2310	$115.75
L2320	$207.00
L2330	$391.58
L2335	$285.01
L2340	$423.23
L2350	$917.26
L2360	$52.09
L2370	$322.06
L2375	$114.68
L2380	$140.04
L2385	$128.15
L2390	$103.00
L2395	$154.86
L2397	$126.78
L2405	$87.29

HCPCS CODE	MAXIMUM FEE
L2415	$121.64
L2425	$143.53
L2430	$143.53
L2492	$95.95
L2500	$297.55
L2510	$739.53
L2520	$433.48
L2525	$1,256.58
L2526	$644.50
L2530	$243.01
L2540	$397.81
L2550	$270.24
L2570	$515.61
L2580	$436.70
L2600	$193.25
L2610	$228.51
L2620	$317.65
L2622	$303.38
L2624	$367.54
L2627	$1,613.05
L2628	$1,576.45
L2630	$233.00
L2640	$316.21
L2650	$139.39
L2660	$175.38
L2670	$163.11
L2680	$165.00
L2750	$86.86
L2755	$130.85
L2760	$57.16
L2768	$130.50
L2770	$58.10
L2780	$63.68
L2785	$31.83
L2795	$79.95
L2800	$100.36
L2810	$73.49
L2820	$81.71
L2830	$88.40
L2840	$42.54
L2850	$77.69
L2860	BR
L2999	BR
L3031	BR
L3160	BR
L3201	BR
L3202	BR
L3203	BR
L3204	BR
L3206	BR
L3207	BR

HCPCS CODE	MAXIMUM FEE
L3208	BR
L3209	BR
L3211	BR
L3212	BR
L3213	BR
L3214	BR
L3215	BR
L3216	BR
L3217	BR
L3219	BR
L3221	BR
L3222	BR
L3224	$67.63
L3225	$78.66
L3230	BR
L3250	BR
L3251	BR
L3252	BR
L3253	BR
L3254	BR
L3255	BR
L3257	BR
L3260	BR
L3265	BR
L3320	BR
L3485	BR
L3649	BR
L3650	$64.81
L3651	$60.01
L3652	$180.86
L3660	$118.51
L3670	$138.83
L3675	$159.91
L3677	BR
L3700	$79.26
L3701	$18.59
L3710	$113.83
L3720	$630.55
L3730	$988.40
L3740	$1,045.46
L3760	$455.75
L3762	$98.00
L3800	$202.10
L3805	$319.98
L3807	$227.88
L3810	$66.38
L3815	$55.74
L3820	$122.25
L3825	$60.55
L3830	$94.53
L3835	$106.00

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MEDICAL EQUIPMENT AND SUPPLIES

HCPCS CODE	MAXIMUM FEE
L3840	$68.85
L3845	$74.75
L3850	$124.55
L3855	$142.04
L3860	$189.25
L3890	BR
L3900	$1,490.46
L3901	$1,727.11
L3904	$2,696.40
L3906	$368.05
L3907	$467.73
L3908	$56.06
L3909	$12.90
L3910	$430.85
L3911	$22.60
L3912	$108.03
L3914	$104.11
L3916	$134.90
L3917	$96.25
L3918	$81.73
L3920	$106.35
L3922	$107.44
L3923	$35.48
L3924	$120.21
L3926	$110.63
L3928	$68.46
L3930	$72.81
L3932	$57.70
L3934	$58.40
L3936	$97.46
L3938	$100.73
L3940	$121.83
L3942	$78.10
L3944	$120.58
L3946	$108.80
L3948	$58.93
L3950	$181.34
L3952	$180.43
L3954	$102.53
L3956	BR
L3960	$741.69
L3962	$771.10
L3963	$1,536.13
L3980	$338.99
L3982	$358.13
L3984	$381.44
L3985	$538.16
L3986	$546.36
L3995	$30.11
L3999	BR
L4000	$1,334.49

HCPCS CODE	MAXIMUM FEE
L4002	BR
L4010	$707.43
L4020	$911.13
L4030	$490.26
L4040	$404.88
L4045	$332.34
L4050	$438.46
L4055	$268.95
L4060	$307.96
L4070	$301.14
L4080	$115.28
L4090	$108.96
L4100	$103.50
L4110	$84.78
L4130	$514.66
L4205	BR
L4210	BR
L4350	$84.11
L4360	$260.54
L4370	$177.64
L4380	$101.06
L4386	$158.78
L4392	$22.74
L4394	$16.56
L4396	$162.08
L4398	$74.61
L5000	$529.11
L5010	$1,413.19
L5020	$1,986.63
L5050	$2,319.14
L5060	$3,055.60
L5100	$2,640.38
L5105	$3,730.51
L5150	$4,109.24
L5160	$4,366.66
L5200	$3,535.83
L5210	$2,611.18
L5220	$3,056.81
L5230	$4,069.51
L5250	$5,845.73
L5270	$6,123.48
L5280	$6,010.25
L5301	$2,608.01
L5311	$3,925.33
L5321	$3,294.79
L5331	$5,569.59
L5341	$5,692.90
L5400	$1,356.96
L5410	$504.40
L5420	$1,828.18
L5430	$598.80

HCPCS CODE	MAXIMUM FEE
L5450	$493.43
L5460	$647.20
L5500	$1,686.56
L5505	$1,974.39
L5510	$1,732.25
L5520	$1,759.51
L5530	$1,844.14
L5535	$2,041.00
L5540	$2,263.26
L5560	$2,176.90
L5570	$2,407.86
L5580	$2,613.75
L5585	$2,787.33
L5590	$2,816.11
L5595	$4,036.41
L5600	$4,498.53
L5610	$2,767.31
L5611	$1,851.50
L5613	$2,991.00
L5614	$1,693.09
L5616	$1,594.11
L5617	$560.79
L5618	$298.15
L5620	$283.74
L5622	$365.58
L5624	$364.45
L5626	$488.79
L5628	$507.31
L5629	$318.59
L5630	$577.89
L5631	$440.46
L5632	$252.43
L5634	$327.89
L5636	$258.58
L5637	$289.60
L5638	$487.86
L5639	$1,123.94
L5640	$670.29
L5642	$636.41
L5643	$1,560.28
L5644	$647.23
L5645	$799.85
L5646	$549.26
L5647	$1,063.23
L5648	$722.21
L5649	$1,908.63
L5650	$489.39
L5651	$1,203.88
L5652	$437.05
L5653	$675.36
L5654	$355.34

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MEDICAL EQUIPMENT AND SUPPLIES

HCPCS CODE	MAXIMUM FEE
L5655	$265.90
L5656	$421.38
L5658	$438.84
L5661	$684.31
L5665	$676.35
L5666	$74.81
L5668	$102.46
L5670	$272.01
L5671	$664.84
L5672	$309.06
L5673	$750.94
L5676	$363.26
L5677	$531.69
L5678	$44.79
L5679	$625.76
L5680	$334.85
L5681	$1,319.76
L5682	$674.29
L5683	$1,319.76
L5684	$53.41
L5685	BR
L5686	$55.20
L5688	$71.11
L5690	$99.96
L5692	$159.74
L5694	$181.86
L5695	$163.49
L5696	$197.99
L5697	$80.48
L5698	$116.25
L5699	$186.91
L5700	$3,378.34
L5701	$3,974.83
L5702	$5,787.01
L5704	$623.25
L5705	$1,023.19
L5706	$1,014.11
L5707	$1,441.56
L5710	$408.65
L5711	$573.93
L5712	$435.40
L5714	$477.76
L5716	$820.18
L5718	$1,217.61
L5722	$1,081.89
L5724	$1,835.25
L5726	$2,032.15
L5728	$2,538.86
L5780	$1,530.30
L5781	$4,014.50
L5782	$4,232.21

HCPCS CODE	MAXIMUM FEE
L5785	$520.83
L5790	$740.61
L5795	$1,076.34
L5810	$488.06
L5811	$768.58
L5812	$608.11
L5814	$3,726.24
L5816	$852.54
L5818	$1,136.13
L5822	$1,707.09
L5824	$1,594.48
L5826	$3,133.33
L5828	$3,143.78
L5830	$2,081.73
L5840	$4,125.13
L5845	$1,798.34
L5848	$1,078.90
L5850	$128.24
L5855	$412.79
L5856	$24,080.26
L5857	$8,541.01
L5910	$363.06
L5920	$531.89
L5925	$445.73
L5930	$3,373.69
L5940	$666.93
L5950	$837.86
L5960	$1,071.61
L5962	$785.65
L5964	$1,153.10
L5966	$1,494.94
L5968	$3,646.03
L5970	$210.20
L5972	$391.05
L5974	$254.43
L5975	$465.13
L5976	$632.36
L5978	$390.06
L5979	$3,049.83
L5980	$4,136.69
L5981	$3,347.78
L5982	$675.36
L5984	$669.19
L5985	$283.03
L5986	$716.13
L5987	$7,217.73
L5988	$2,004.34
L5990	$1,820.24
L5995	BR
L5999	BR
L6000	$1,726.74

HCPCS CODE	MAXIMUM FEE
L6010	$1,928.26
L6020	$1,842.63
L6025	$8,029.01
L6050	$2,283.56
L6055	$2,794.11
L6100	$2,360.71
L6110	$2,556.18
L6120	$2,844.39
L6130	$2,973.13
L6200	$3,274.40
L6205	$3,750.00
L6250	$3,171.91
L6300	$4,205.48
L6310	$3,710.14
L6320	$2,284.19
L6350	$4,727.81
L6360	$3,220.83
L6370	$2,259.56
L6380	$1,283.33
L6382	$1,508.06
L6384	$1,911.30
L6386	$457.70
L6388	$474.28
L6400	$2,521.71
L6450	$3,491.13
L6500	$3,769.15
L6550	$4,110.80
L6570	$4,475.99
L6580	$1,686.19
L6582	$1,433.63
L6584	$2,080.50
L6586	$1,925.90
L6588	$3,049.84
L6590	$2,691.18
L6600	$189.21
L6605	$185.66
L6610	$185.45
L6615	$191.14
L6616	$65.03
L6620	$380.46
L6623	$728.08
L6625	$533.16
L6628	$589.66
L6629	$151.23
L6630	$216.05
L6632	$71.84
L6635	$198.33
L6637	$390.30
L6638	$2,509.08
L6640	$288.23
L6641	$195.59

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MEDICAL EQUIPMENT AND SUPPLIES

HCPCS CODE	MAXIMUM FEE
L6642	$267.81
L6645	$339.16
L6646	$3,164.46
L6647	$520.96
L6648	$3,263.71
L6650	$339.33
L6655	$90.13
L6660	$114.49
L6665	$46.18
L6670	$58.03
L6672	$169.14
L6675	$120.39
L6676	$130.48
L6680	$241.54
L6682	$261.00
L6684	$349.43
L6686	$591.81
L6687	$578.23
L6688	$558.54
L6689	$697.14
L6690	$730.86
L6691	$411.69
L6692	$567.28
L6693	$2,848.46
L6694	BR
L6695	BR
L6696	BR
L6697	BR
L6698	BR
L6700	$565.24
L6705	$364.21
L6710	$403.31
L6715	$399.48
L6720	$889.90
L6725	$502.71
L6730	$742.91
L6735	$378.10
L6740	$499.51
L6745	$447.74
L6750	$416.34
L6755	$413.13
L6765	$466.96
L6770	$443.63
L6775	$487.03
L6780	$520.54
L6790	$476.39
L6795	$1,607.21
L6800	$1,161.31
L6805	$436.38
L6806	$1,622.70
L6807	$1,630.86

HCPCS CODE	MAXIMUM FEE
L6808	$1,268.78
L6809	$374.08
L6810	$204.06
L6825	$1,263.40
L6830	$1,521.59
L6835	$1,331.00
L6840	$897.10
L6845	$892.54
L6850	$790.60
L6855	$914.95
L6860	$810.33
L6865	$339.75
L6867	$1,122.50
L6868	$262.71
L6870	$260.75
L6872	$1,100.06
L6873	$494.40
L6875	$941.36
L6880	$601.18
L6881	$4,101.85
L6882	$3,111.45
L6890	$227.34
L6895	$641.15
L6900	$1,980.45
L6905	$1,572.74
L6910	$1,911.81
L6915	$830.18
L6920	$7,526.83
L6925	$8,280.63
L6930	$7,467.01
L6935	$8,443.36
L6940	$8,816.49
L6945	$10,232.33
L6950	$9,997.11
L6955	$11,972.91
L6960	$12,429.70
L6965	$14,399.20
L6970	$15,134.16
L6975	$17,063.03
L7010	$3,661.34
L7015	$5,818.14
L7020	$3,411.29
L7025	$3,442.49
L7030	$5,456.73
L7035	$3,525.51
L7040	$2,900.40
L7045	$1,620.31
L7170	$5,877.94
L7180	$36,225.78
L7181	BR
L7185	$5,952.20

HCPCS CODE	MAXIMUM FEE
L7186	$10,920.18
L7190	$7,640.38
L7191	$10,631.40
L7260	$2,252.85
L7261	$4,061.84
L7266	$992.51
L7272	$2,078.09
L7274	$6,441.46
L7360	$228.90
L7362	$251.16
L7364	$472.21
L7366	$591.33
L7367	$390.61
L7368	$506.36
L7499	BR
L7500	BR
L7510	BR
L7520	BR
L7900	$532.88
L8000	$40.55
L8001	$125.84
L8002	$165.56
L8010	BR
L8015	$60.13
L8020	$238.80
L8030	$357.48
L8035	$3,675.83
L8039	BR
L8040	$2,303.04
L8040-KM	$2,187.88
L8040-KN	$921.21
L8041	$2,775.94
L8041-KM	$2,637.13
L8041-KN	$1,110.36
L8042	$3,119.03
L8042-KM	$2,963.06
L8042-KN	$1,247.60
L8043	$3,493.31
L8043-KM	$3,318.65
L8043-KN	$1,397.33
L8044	$3,867.58
L8044-KM	$3,674.21
L8044-KN	$1,547.04
L8045	$2,465.15
L8045-KM	$2,341.90
L8045-KN	$986.06
L8046	$2,495.21
L8046-KM	$2,370.45
L8046-KN	$998.09
L8047	$1,278.80
L8047-KM	$1,214.85

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MEDICAL EQUIPMENT AND SUPPLIES

HCPCS CODE	MAXIMUM FEE
L8047-KN	$511.53
L8048	BR
L8049	BR
L8100	BR
L8130	BR
L8140	BR
L8150	BR
L8160	BR
L8170	BR
L8180	BR
L8190	BR
L8195	BR
L8200	BR
L8210	BR
L8220	BR
L8230	BR
L8239	BR
L8300	$112.75
L8310	$170.74
L8320	$53.59
L8330	$49.49
L8400	$18.36
L8410	$21.23
L8415	$24.38
L8417	$75.45
L8420	$21.59
L8430	$24.49
L8435	$23.34
L8440	$42.03
L8460	$66.81
L8465	$48.90
L8470	$6.69
L8480	$9.23
L8485	$14.70
L8499	BR
L8500	$752.31
L8501	$121.10
L8505	BR
L8507	$42.05
L8509	$109.56
L8510	$253.55
L8511	$73.00
L8512	$2.16
L8513	$5.21
L8514	$94.63
L8515	$63.34
L8600	$625.99
L8603	$438.96
L8606	$219.99
L8610	$586.75
L8612	$609.54

HCPCS CODE	MAXIMUM FEE
L8613	$272.16
L8614	$19,019.69
L8615	$452.51
L8616	$105.39
L8617	$92.05
L8618	$26.33
L8619	$8,165.01
L8620	$64.93
L8621	$0.63
L8622	$0.33
L8630	$337.74
L8631	$2,178.11
L8641	$350.90
L8642	$379.50
L8658	$305.95
L8659	$1,936.13
L8670	$558.01
L8699	BR
L9900	BR

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PRESCRIPTION SERVICES
GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for prescription drugs shall be limited to the amount established by the following formulas or by the pharmacist's or health care provider's usual and customary charge, whichever is less, **AND, whenever possible, it is required that a generic equivalent be substituted for a more expensive brand-name drug**.

AWP less 10% + $5.00 for generic drugs
AWP less 10% + $4.00 for brand name drugs

2. **DETERMINING AWP:** The average wholesale price (AWP) for brand name and generic drugs shall be determined by using the publications of any recognized company, such as the PriceAlert of Medi-Span, which makes this information available. AWP shall be based upon the date the prescription was dispensed.

3. **AUTHORIZED PRESCRIPTION NECESSARY:** Any medication, drugs, or medical supplies not specifically prescribed by a health care provider shall not be reimbursed. In the event, however, a health care provider recommends and/or prescribes any medication, drugs, or medical supplies that can be purchased over-the-counter (without a prescription), and the injured employee pays for said medication, drugs, or medical supplies directly, the injured employee is entitled to be reimbursed. The injured employee, however, must submit copies of any receipts and/or proofs of purchase to the employer (or insurance carrier) for proper reimbursement. Additionally, and as opposed to the injured employee paying for said medication, drugs, or medical supplies, the pharmacy can bill the insurer directly, for payment at the usual retail rate for said pharmacy.

4. **PRIOR AUTHORIZATION FOR MORE THAN 30-DAY SUPPLIES:** Prior authorization by the employer (or insurance carrier) is required for the dispensing of more than a 100 unit dose or 30-day supply of medication. Any refilling of this medication will also require prior authorization.

5. **ITEMIZATION:** Any bills for medication shall be itemized for proper reimbursement, except for drugs furnished by a hospital or other health care facility which include the associated charges in the inpatient hospital service charges.

6. **FORMS:** The pharmacist or health care provider shall use the CMS 1500 form (or an equivalent form) containing the same information. When using such a form, the pharmacist or health care provider shall include the metric quantity and National Drug Code (NDC) number of the drug being dispensed. Items which are prescribed for a work-related injury and do not have an NDC code shall be specifically identified as being a supply.

7. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into a contract with pharmacists or health care providers in their community to promote the continuity of care and the reduction of pharmacy costs. Such a contract shall supersede any limitation specified herein, as long as any charges are less than or equal to the formulas reflected above to determine reimbursement for prescription drugs. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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VOCATIONAL REHABILITATION SERVICES GROUND RULES

1. **VENDOR ADMINISTRATIVE AND CLERICAL COSTS:** The cost of administrative and clerical services shall be covered by, and be included in, the rates charged by the vendor for professional and nonprofessional services (specified under Items A and B in the Schedule), up to the approved Maximum Fees and limits.

2. **EXCEEDING TOTAL CASE COST LIMITS SPECIFIED BY THE SCHEDULE:** The nonprofessional and total case cost caps may be increased by the Workers Compensation Rehabilitation Administrator upon submission of the required request documentation by the vendor.

3. **DEFINITIONS AND EXAMPLES:**

   Nonprofessional services: those activities which are performed by a qualified rehabilitation professional but which are not professional in nature, which do not directly and in themselves result in a benefit to the parties; these include travel and waiting time.

   Miscellaneous expenses: these include long distance phone charges, mileage, tolls, food and lodging, parking, and special mailing costs (such as overnight or certified return receipt delivery).

4. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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VOCATIONAL REHABILITATION SERVICES

	Maximum Fee/Limit
A. Professional services rendered by a qualified rehabilitation professional	$77.00/hr
B. Nonprofessional services rendered by a qualified rehabilitation professional	$77.00/hr
subject to a case cap of	$1,540.00
C. Miscellaneous Expenses:	Actual expenses (not to exceed the amount incurred)
D. Total of all fees and expenses in any one claim: (A + B + C above)	$4,400.00

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DEPOSITIONS, TESTIMONY, AND MEDICAL RECORDS REPRODUCTION GROUND RULES AND FEES

1. **DEPOSITIONS AND TESTIMONY:** In determining fees for medically related depositions or testimony rendered on behalf of employees receiving benefits under the Kansas Workers Compensation Act, the following guideline shall be used:

   A health care provider's time for giving a deposition or testimony shall be billed using *CPT* Code 99075. Reimbursement is to be at the health care provider's usual and customary charge, not to exceed the following:

   - $300.00 for the first hour
   - Plus an allowance of $75.00 for each additional 15-minute increment
   - Travel time may also be reimbursed, but is limited to one-half the prescribed hourly rate for a deposition or testimony

   Anticipating that a health care provider may require time to prepare for a deposition and/or testimony, charges for the review of previously reviewed records in preparation for said deposition or court appearance are subject to the following maximum allowable fees:

   - $75.00 for a review of medical records for the first 50 pages
   - $37.50 for each additional 50 pages or part thereof

2. **INDEPENDENT MEDICAL EXAMINATIONS (IMEs) AND OTHER SPECIAL EXAMINATIONS AND/OR REPORTS:** In determining the fee for any necessary IMEs and other special examinations or reports rendered on behalf of employees receiving benefits under the Kansas Workers Compensation Act, the following guideline shall be used:

   A health care provider's time for performing an IME or other special type of examination or report, shall be reimbursed at the health care provider's usual and customary charge, not to exceed the following:

   - $300.00 for the first hour
   - Plus an allowance of $75.00 for each additional 15-minute increment.
   - Travel time may also be reimbursed, but is limited to one-half the prescribed hourly rate for an IME or other special type of examination or report.

   Charges for any related review of medical records for, or in association with an IME, or other special type of examination or report, are subject to the following maximum allowable fees:

   - $100.00 for all or part of the first 50 pages
   - $75.00 for each additional 50 pages or part thereof

   Payments to health care providers for performing an IME and any related review of medical records, or other special type of examination or report, are to be made in compliance with guidelines of this fee schedule and are not subject to any form of discount (other than those individually negotiated) which might be imposed. For example, it is not allowed that a health care provider will be reimbursed at a discounted rate because a Workers Compensation claim had been settled for an amount less than originally contemplated.

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DEPOSITIONS, TESTIMONY, AND MEDICAL RECORDS REPRODUCTION GROUND RULES AND FEES

Reimbursement for performing an IME, other special type of report, or examination shall include that written documentation of such service(s), be provided to the insurance carrier, and the person or agency requesting such service(s). There will be no charge to the Kansas Division of Workers Compensation if a copy of such service documentation is requested. However, further additional copies, if necessary, shall initially be requested of the insurance carrier. In the event that requested copies are not obtainable from the carrier, prepayment will be required to obtain additional copies from the physician or other health care provider. The charges for providing additional copies is not to exceed the usual and customary charges of said provider, or those as outlined in the Workers Compensation Schedule of Medical Fees, whichever is less.

3. **REPRODUCTION OF MEDICAL RECORDS:** Note: Medical records related to Workers Compensation are not included in the medical records copying charges contained in Senate Bill 119 (2002) codified as K.S.A. 65-4971. Reimbursement for the reproduction of an employee's medical records (inclusive of any ancillary expenses such as postage and sales tax, which are not to be charged as separate items) should be at the health care provider's usual and customary charge, not to exceed the following:

Up to 10 pages: $16.00
11-50 pages:..... $28.00 ($16.00 for the 1st 10 pages plus $12.00 for 11-50 pages)
Above 50 pages:..... $28.00, plus $0.35 per page above 50

The maximum allowable payment for the copying of medical records is applicable to any health care provider, business, or other entity providing any forms of copying services. Any additional charges submitted by/for copying services are prohibited. Any payments made in advance for copying medical records that exceed the allowable payments of this fee schedule, must be refunded.

A health care provider has the responsibility to submit supporting information or documentation **(except for routine office notes)** when seeking timely payment and reimbursement for the services provided. If the payer has not received all the necessary information to process payment and thus, sends a request to the health care provider for said information, such information should be provided at no charge, in order to expedite payment of the service. However, in the event the payer routinely requests an entire medical record (including all related documentation) of the services provided in order to process the claim, it is acceptable for the health care provider to submit a bill to the payer in accordance with the above guidelines as it relates to the reimbursement for the reproduction of medical records.

An "access fee" or "administrative fee" for providing specific and limited information is inappropriate as an additional charge. However, when records are stored off-site, any expense involved in the retrieval of such records will be reimbursed upon receipt of the necessary documentation substantiating the expense incurred for retrieving said medical records.

Reimbursement for the reproduction of medical records also applies to copies of microfiche or any other types of storage systems such as electronic media, etc. Health care providers may also charge up to $5.00 a film for the copying of x-rays.

4. **REIMBURSEMENT FOR MILEAGE AND TRAVEL TIME ASSOCIATED WITH DEPOSITIONS, TESTIMONY, OR INDEPENDENT MEDICAL EXAMINATIONS:** Mileage (including any tolls and parking fees actually incurred) to and from the place of a deposition, testimony, or independent medical examination is to be reimbursed at the rate prescribed for compensation of state officers and employees pursuant to K.S.A. 75-3203a.

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DEPOSITIONS, TESTIMONY, AND MEDICAL RECORDS REPRODUCTION GROUND RULES AND FEES

5. **CANCELLATION AND/OR RESCHEDULING OF A DEPOSITION, TESTIMONY, OR IME:** If notice of cancellation or a request to reschedule a deposition, testimony, or IME is less than two working days, a maximum charge of $150.00 is allowable. **Note: Any payment exceeding $150.00 that a health care provider received in advance is to be refunded, as no actual deposition, testimony or IME was provided.**

6. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT FOR AN IME:** With regard specifically to an IME, and in the event a patient fails to keep a scheduled appointment for an IME, the health care provider is allowed to make a maximum charge of $150.00 for the services that would have been provided by said appointment (i.e., a maximum charge of $150.00 for a "no show" appointment is allowed). Additionally, if a review of medical records was required to prepare for an IME, charges for such record reviews may be added to the charge of $150.00 for the services that would have been provided by said appointment.

7. **ITEMIZATION OF CHARGES:** All bills submitted for payment shall be itemized and shall include the following *CPT* code(s) as appropriate, for proper reimbursement:

   99075 Medical testimony (including depositions)
   99199 Unlisted special service or report

8. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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AMBULANCE AND AIRCRAFT SERVICES GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for ambulance services (both ground and air transportation) will be limited to the emergency medical service's usual and customary charge, **less 10%**.

2. **BILLING DOCUMENTATION:** When bills are submitted for reimbursement, they must include documentation of the distance traveled, the number of passengers (patients) transported, and the specific services required.

3. **SPECIAL SERVICES:** Billings for any additional required services, such as specialized life support care, extra attendants, or administration of medications, may be submitted with substantiation that such additional services were warranted. Reimbursement for these additional services is also limited to the usual and customary charge, **less 10%**.

4. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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NURSING HOMES / INTERMEDIATE CARE FACILITIES
GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for nursing homes or intermediate care facilities will be limited to their usual and customary charge, **less 10%**. Workers Compensation patients should not be charged a fee that is higher than that of privately insured patients.

2. **PRIOR AUTHORIZATION:** Prior Authorization from the employer (or insurance carrier) is required before admission to a nursing home or intermediate care facility.

3. **PHYSICIAN CHARGES:** All physician charges, regardless of the setting or location in which the services were provided, are subject to the limits of this fee schedule. All physician billings must be submitted on the CMS 1500 form (or an equivalent form) containing the same information.

4. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements with nursing homes or intermediate care facilities to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

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APPENDIX A - MODIFIERS

MODIFIERS: Procedure codes may be modified under the circumstances described below. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Only one modifier should be added to any single five-digit *CPT* code, submitted by an individual health care provider. The modifiers that may be used are as follows:

-21 Prolonged Evaluation and Management Services: When the face-to-face or floor/unit service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, it may be identified by adding modifier -21 to the evaluation and management code number. A report may also be appropriate.

-22 Unusual Procedural Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier -22 to the usual procedure code. A report may also be appropriate.

-23 Unusual Anesthesia: Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier -23 to the procedure code of the basic service.

-24 Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period: The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier -24 to the appropriate level of E/M service.

-25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service: The physician may need to indicate that on the day a procedure or service identified by a *CPT* code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting the E/M services on the same date. This circumstance may be reported by adding modifier -25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier -57. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-26 Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier -26 to the usual procedure code.

-TC Technical Component: When the professional component is reported separately, the technical component must be reported separately. The technical component will be the total value less the value for the professional component. Identify by adding modifier -TC to the usual procedure code.

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APPENDIX A - MODIFIERS

-27 Multiple Outpatient Hospital E/M Encounters on the Same Date: For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier -27 to each appropriate level outpatient and/or emergency department E/M codes(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (e.g., hospital emergency department, clinic). **Note:** This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (e.g., hospital emergency department, clinic), see **Evaluation and Management Emergency Department Services, or Preventive Medicine Services codes. Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-32 Mandated Services: Services related to *mandated* consultation and/or related services (e.g., PRO, third party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier -32 to the basic procedure.

-47 Anesthesia by Surgeon: Regional or general anesthesia provided by the surgeon may be reported by adding modifier -47 to the basic service. (This does not include local anesthesia.) **Note:** Modifier -47 would not be used as a modifier for the anesthesia procedures.

-50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding modifier -50 to the appropriate five-digit code. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-51 Multiple Procedures: When multiple procedures, other than E/M services, are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier -51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes.

-52 Reduced Services: Under certain circumstances, a service or procedure may be partially reduced or eliminated at the physician's discretion. Under these circumstances, the service provided can be identified by its usual procedure code and the addition of modifier -52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-53 Discontinued Procedure: Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier -53 to the code for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite.

-54 Surgical Care Only: When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier -54 to the usual procedure code.

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APPENDIX A - MODIFIERS

-55 Postoperative Management Only: When one physician performed the postoperative management and another physician performed the surgical procedure, the postoperative component may be identified by adding modifier -55 to the usual procedure code.

-56 Preoperative Management Only: When one physician performed the preoperative care and evaluation and another physician performed the surgical procedure, the preoperative component may be identified by adding modifier -56 to the usual procedure code.

-57 Decision for Surgery: An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier -57 to the appropriate level of E/M service.

-58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period: The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier -58 to the staged or related procedure. **Note:** This modifier is not used to report the treatment of a problem that requires a return to the operating room. See modifier -78. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-59 Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier -59. Only if no more descriptive modifier is available, and the use of modifier -59 best explains the circumstances, should modifier -59 be used. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-**62 Two Surgeons:** When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier -62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported without modifier -62 added. **Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with the modifier -80 or modifier -82 added, as appropriate.

-66 Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier -66 to the basic procedure code used for reporting services.

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APPENDIX A - MODIFIERS

-73 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia: Due to extenuating circumstances or those that threaten the well being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed) but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but canceled can be reported by its usual procedure code and the addition of modifier -73. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier -53.

-74 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia: Due to extenuating circumstances or those that threaten the well being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc. Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier -74. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier -53.

-76 Repeat Procedure by Same Physician: The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier -76 to the repeated procedure/service. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-77 Repeat Procedure by Another Physician: The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier -77 to the repeated procedure/service. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-78 Return to the Operating Room for a Related Procedure During the Postoperative Period: The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding modifier -78 to the related procedure. (For repeat procedures on the same day, see modifier -76.) **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period: The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier -79. (For repeat procedures on the same day, see modifier -76.) **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-80 Assistant Surgeon: Surgical assistant services may be identified by adding modifier -80 to the usual procedure numbers(s).

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APPENDIX A - MODIFIERS

-81 Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier -81 to the usual procedure code.

-82 Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier -82 appended to the usual procedure code number(s).

-NP Non-Physician Assistant: A non-physician such as a physician assistant or registered nurse who assists during surgery is to be identified by adding modifier -NP to the usual procedure number.

-90 Reference (Outside) Laboratory: When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier -90 to the usual procedure code.

-91 Repeat Clinical Diagnostic Laboratory Test: In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier -91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-99 Multiple Modifiers: Under certain circumstances, two or more modifiers may be necessary to completely delineate a service. In such situations, modifier -99 should be added to the basic procedure, and other applicable modifiers shall be listed as part of the description of the service.

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APPENDIX B

QUICK REFERENCE TABLE

This appendix is provided as a supplement to this schedule of medical fees and is to provide a rapid determination of the dollar amount associated with the particular Procedure Code. The dollar amount specified herein was calculated by multiplying the respective conversion factor of the fee schedule section by the Unit Value of the Procedure Code that was used for billing purposes.

The **Anesthesia** section was not included in this quick reference table, as the determination of the maximum allowable payment incorporates the variable of time required for the provision of each service. Please refer to Anesthesia section of this fee schedule for the maximum allowable payment.

RADIOLOGY CHARGES: Radiology services provided by hospitals or ambulatory surgical care facilities on an outpatient basis are exempt from the variable discount, and are therefore subject to the Maximum Fees in the Radiology Section.

PATHOLOGY AND LABORATORY CHARGES: Pathology and Laboratory services provided by hospitals or ambulatory surgical care facilities are exempt from the variable discount, and are therefore subject to the Maximum Fees in the Pathology and Laboratory Section.

Section Numbers and Their Sequences:

Surgery ..... 10021 to 69990
Radiology..... 70010 to 79999
Pathology and Laboratory ..... 80048 to 89356
Medicine ..... 90281 to 99199
Evaluation and Management..... 99201 to 99499
Home Health Procedures/Services ..... 99500 to 99600
Home Infusion Procedures/Services..... 99601 to 99602
Dentistry .....ADA D0120 to D9999

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QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
10021	$239.18
10022	$264.33
10040	$152.89
10060	$169.88
10061	$304.42
10080	$297.62
10081	$460.02
10120	$238.50
10121	$443.03
10140	$237.15
10160	$199.77
10180	$377.80
11000	$84.94
11001	$38.05
11004	$1,011.10
11005	$1,377.35
11006	$1,273.38
11008	$518.46
11010	$792.30
11011	$937.71
11012	$1,365.12
11040	$73.39
11041	$107.36
11042	$150.85
11043	$411.10
11044	$537.48
11055	$70.67
11056	$89.69
11057	$110.76
11100	$142.70
11101	$51.64
11200	$126.39
11201	$31.94
11300	$103.96
11301	$136.58
11302	$163.08
11303	$196.38
11305	$108.04
11306	$147.45
11307	$170.55
11308	$203.17
11310	$128.43
11311	$159.00
11312	$182.11
11313	$239.18
11400	$197.73
11401	$229.67
11402	$262.29
11403	$295.58
11404	$337.71
11406	$417.21

CPT CODE	MAXIMUM FEE
11420	$192.98
11421	$245.30
11422	$273.84
11423	$325.48
11424	$372.37
11426	$521.18
11440	$226.95
11441	$267.72
11442	$299.66
11443	$367.61
11444	$468.86
11446	$607.47
11450	$550.40
11451	$750.85
11462	$538.16
11463	$765.80
11470	$591.17
11471	$791.62
11600	$274.52
11601	$313.93
11602	$332.96
11603	$368.29
11604	$405.66
11606	$532.73
11620	$263.65
11621	$311.21
11622	$352.66
11623	$417.21
11624	$480.41
11626	$636.01
11640	$278.60
11641	$362.85
11642	$419.93
11643	$485.84
11644	$616.31
11646	$835.11
11719	$29.90
11720	$47.57
11721	$71.35
11730	$156.29
11732	$73.39
11740	$65.23
11750	$288.11
11752	$408.38
11755	$205.89
11760	$298.98
11762	$416.53
11765	$173.27
11770	$434.88
11771	$822.20
11772	$1,043.03

CPT CODE	MAXIMUM FEE
11900	$81.54
11901	$101.25
11920	$376.44
11921	$419.25
11922	$115.52
11950	$138.62
11951	$189.58
11952	$251.42
11954	$307.81
11960	$1,409.28
11970	$965.57
11971	$784.14
11975	$208.61
11976	$252.09
11977	$403.62
11980	$182.79
11981	$224.24
11982	$264.33
11983	$395.47
12001	$260.93
12002	$277.24
12004	$324.80
12005	$404.98
12006	$504.87
12007	$568.74
12011	$275.88
12013	$302.38
12014	$357.42
12015	$449.83
12016	$533.41
12017	$481.09
12018	$569.42
12020	$457.98
12021	$264.33
12031	$313.25
12032	$440.32
12034	$432.84
12035	$610.87
12036	$686.97
12037	$772.59
12041	$347.22
12042	$420.61
12044	$451.19
12045	$631.26
12046	$764.44
12047	$784.14
12051	$403.62
12052	$419.93
12053	$448.47
12054	$496.71
12055	$635.33

CPT CODE	MAXIMUM FEE
12056	$852.77
12057	$857.53
13100	$505.55
13101	$601.36
13102	$172.59
13120	$524.57
13121	$642.81
13122	$210.65
13131	$572.14
13132	$828.31
13133	$273.84
13150	$612.23
13151	$649.60
13152	$867.72
13153	$309.85
13160	$1,298.52
14000	$973.04
14001	$1,270.67
14020	$1,075.65
14021	$1,416.76
14040	$1,176.21
14041	$1,550.62
14060	$1,219.70
14061	$1,674.29
14300	$1,632.84
14350	$1,227.18
15000	$561.27
15001	$169.20
15050	$799.09
15100	$1,554.02
15101	$386.64
15120	$1,473.84
15121	$510.98
15200	$1,249.60
15201	$275.88
15220	$1,214.27
15221	$249.38
15240	$1,370.55
15241	$307.13
15260	$1,424.23
15261	$348.58
15342	$201.13
15343	$25.14
15350	$743.37
15351	$101.93
15400	$574.86
15401	$205.89
15570	$1,479.27
15572	$1,354.24
15574	$1,476.55
15576	$1,311.44

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
15600	$663.87
15610	$506.23
15620	$752.21
15630	$722.99
15650	$782.78
15732	$2,569.87
15734	$2,609.96
15736	$2,504.64
15738	$2,614.04
15740	$1,429.67
15750	$1,483.35
15756	$4,097.39
15757	$4,123.21
15758	$4,134.08
15760	$1,331.82
15770	$1,034.20
15775	$591.17
15776	$788.22
15780	$1,322.99
15781	$821.52
15782	$985.28
15783	$776.67
15786	$374.40
15787	$99.21
15788	$606.79
15789	$897.62
15792	$616.99
15793	$694.45
15810	$619.70
15811	$792.98
15819	$1,190.48
15820	$850.73
15821	$918.00
15822	$722.31
15823	$1,045.75
15824	$1,389.58
15825	$1,588.67
15826	$1,389.58
15828	$3,672.02
15829	$4,068.85
15831	$1,511.89
15832	$1,464.32
15833	$1,375.99
15834	$1,367.15
15835	$1,412.00
15836	$1,184.37
15837	$1,233.29
15838	$936.35
15839	$1,316.19
15840	$1,667.49
15841	$2,771.00

CPT CODE	MAXIMUM FEE
15842	$4,464.32
15845	$1,539.07
15850	$162.40
15851	$176.67
15852	$189.58
15860	$205.89
15876	BR
15877	BR
15878	BR
15879	BR
15920	$986.63
15922	$1,257.08
15931	$1,096.71
15933	$1,370.55
15934	$1,526.84
15935	$1,829.21
15936	$1,515.96
15937	$1,768.74
15940	$1,140.88
15941	$1,528.88
15944	$1,472.48
15945	$1,637.60
15946	$2,650.73
15950	$947.90
15951	$1,359.68
15952	$1,407.24
15953	$1,588.67
15956	$1,931.82
15958	$1,950.84
15999	BR
16000	$124.35
16010	$110.08
16015	$258.89
16020	$147.45
16025	$258.21
16030	$305.10
16035	$392.07
16036	$156.29
17000	$108.72
17003	$18.35
17004	$354.70
17106	$647.56
17107	$1,155.83
17108	$1,580.52
17110	$157.64
17111	$179.39
17250	$120.27
17260	$151.53
17261	$192.30
17262	$239.86
17263	$266.36

CPT CODE	MAXIMUM FEE
17264	$288.11
17266	$337.03
17270	$209.29
17271	$225.59
17272	$260.93
17273	$294.90
17274	$358.10
17276	$429.44
17280	$192.30
17281	$250.74
17282	$290.83
17283	$360.14
17284	$426.73
17286	$568.06
17304	$1,097.39
17305	$466.14
17306	$467.50
17307	$443.71
17310	$176.67
17340	$80.18
17360	$199.09
17380	$135.22
17999	BR
19000	$197.06
19001	$48.24
19020	$701.92
19030	$304.42
19100	$238.50
19101	$547.68
19102	$405.66
19103	$1,051.87
19110	$722.99
19112	$693.09
19120	$734.54
19125	$789.58
19126	$292.86
19140	$881.31
19160	$692.41
19162	$1,468.40
19180	$1,018.57
19182	$918.00
19200	$1,720.49
19220	$1,763.30
19240	$1,785.73
19260	$1,946.09
19271	$2,677.91
19272	$2,950.39
19290	$285.39
19291	$127.75
19295	$183.47
19296	$8,791.37

CPT CODE	MAXIMUM FEE
19297	$171.91
19298	$3,301.69
19316	$1,344.05
19318	$2,013.36
19324	$786.18
19325	$1,104.87
19328	$787.54
19330	$1,007.02
19340	$711.44
19342	$1,487.43
19350	$1,640.31
19355	$1,272.70
19357	$2,486.97
19361	$2,345.63
19364	$4,797.95
19366	$2,448.24
19367	$3,148.12
19368	$3,857.52
19369	$3,575.53
19370	$1,101.47
19371	$1,274.06
19380	$1,240.09
19396	$241.22
19499	BR
20000	$343.15
20005	$498.75
20100	$1,070.89
20101	$649.60
20102	$807.25
20103	$990.71
20150	$1,543.14
20200	$319.37
20205	$445.75
20206	$513.70
20220	$402.26
20225	$1,803.39
20240	$421.29
20245	$1,057.98
20250	$645.53
20251	$734.54
20500	$245.30
20501	$252.09
20520	$337.71
20525	$891.50
20526	$137.94
20550	$104.64
20551	$102.60
20552	$97.17
20553	$110.08
20600	$94.45
20605	$103.28

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
20610	$125.03
20612	$101.93
20615	$407.02
20650	$332.96
20660	$415.17
20661	$740.66
20662	$824.91
20663	$759.68
20664	$1,139.52
20665	$247.34
20670	$920.72
20680	$860.25
20690	$448.47
20692	$761.04
20693	$833.75
20694	$814.04
20802	$4,472.47
20805	$6,050.27
20808	$7,514.59
20816	$4,971.90
20822	$4,327.74
20824	$4,892.40
20827	$4,516.64
20838	$4,399.08
20900	$1,013.81
20902	$1,066.82
20910	$756.96
20912	$872.48
20920	$689.69
20922	$1,009.06
20924	$908.49
20926	$752.89
20930	$176.67
20931	$214.72
20936	$186.18
20937	$324.80
20938	$353.34
20950	$563.31
20955	$4,636.23
20956	$4,808.14
20957	$4,520.71
20962	$4,884.93
20969	$5,119.35
20970	$5,091.49
20972	$4,676.32
20973	$5,192.06
20974	$95.81
20975	$326.84
20979	$102.60
20982	$7,984.13
20999	BR

CPT CODE	MAXIMUM FEE
21010	$1,240.77
21015	$745.41
21025	$1,602.94
21026	$903.74
21029	$1,223.78
21030	$769.87
21031	$603.40
21032	$614.27
21034	$2,293.99
21040	$775.31
21044	$1,518.68
21045	$2,040.54
21046	$1,814.94
21047	$2,327.97
21048	$1,859.11
21049	$2,212.45
21050	$1,467.72
21060	$1,372.59
21070	$1,124.57
21076	$1,882.89
21077	$4,725.24
21079	$3,184.14
21080	$3,614.26
21081	$3,284.02
21082	$2,939.52
21083	$2,779.83
21084	$3,203.84
21085	$1,256.40
21086	$3,553.79
21087	$3,504.86
21088	BR
21089	BR
21100	$1,093.32
21110	$1,047.11
21116	$353.34
21120	$1,094.00
21121	$1,240.77
21122	$1,236.69
21123	$1,585.95
21125	$4,524.79
21127	$3,765.79
21137	$1,281.54
21138	$1,591.39
21139	$1,823.10
21141	$2,313.70
21142	$2,308.26
21143	$2,412.90
21145	$2,488.33
21146	$2,654.81
21147	$2,624.23
21150	$3,023.10

CPT CODE	MAXIMUM FEE
21151	$3,634.65
21154	$3,808.60
21155	$4,409.96
21159	$5,404.06
21160	$5,295.34
21172	$3,059.11
21175	$3,784.82
21179	$2,658.20
21180	$2,988.44
21181	$1,268.63
21182	$3,674.74
21183	$4,113.01
21184	$4,469.07
21188	$2,919.81
21193	$2,172.36
21194	$2,416.30
21195	$2,286.52
21196	$2,489.01
21198	$1,921.63
21199	$1,801.35
21206	$1,904.64
21208	$2,285.16
21209	$1,249.60
21210	$2,469.98
21215	$3,679.49
21230	$1,363.76
21235	$1,166.02
21240	$1,923.66
21242	$1,780.97
21243	$2,811.09
21244	$1,712.34
21245	$1,863.87
21246	$1,551.30
21247	$2,904.86
21248	$1,707.58
21249	$2,491.73
21255	$2,391.16
21256	$2,013.36
21260	$2,054.13
21261	$4,013.13
21263	$3,401.58
21267	$2,739.74
21268	$3,279.95
21270	$1,534.31
21275	$1,403.85
21280	$839.86
21282	$558.55
21295	$286.75
21296	$644.85
21299	BR
21300	$217.44

CPT CODE	MAXIMUM FEE
21310	$198.41
21315	$399.55
21320	$403.62
21325	$862.29
21330	$1,063.42
21335	$1,288.33
21336	$1,079.05
21337	$618.35
21338	$1,444.62
21339	$1,558.09
21340	$1,378.71
21343	$2,031.03
21344	$2,618.11
21345	$1,284.93
21346	$1,629.44
21347	$2,059.56
21348	$2,054.81
21355	$701.92
21356	$796.37
21360	$890.15
21365	$1,863.87
21366	$2,143.82
21385	$1,249.60
21386	$1,168.74
21387	$1,338.62
21390	$1,279.50
21395	$1,572.36
21400	$281.99
21401	$790.26
21406	$937.71
21407	$1,115.06
21408	$1,540.43
21421	$1,029.44
21422	$1,180.97
21423	$1,422.87
21431	$1,172.82
21432	$1,187.09
21433	$3,021.06
21435	$2,166.25
21436	$3,348.58
21440	$691.05
21445	$1,079.05
21450	$724.35
21451	$1,006.34
21452	$1,037.60
21453	$1,155.15
21454	$918.68
21461	$2,277.00
21462	$2,625.59
21465	$1,575.76
21470	$1,989.58

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
21480	$165.80
21485	$862.97
21490	$1,594.79
21493	$131.82
21494	$705.32
21495	$989.35
21497	$869.76
21499	BR
21501	$724.35
21502	$932.27
21510	$826.27
21550	$394.79
21555	$706.00
21556	$701.24
21557	$1,039.64
21600	$922.08
21610	$1,780.97
21615	$1,221.74
21616	$1,487.43
21620	$931.59
21627	$957.42
21630	$2,154.69
21632	$2,159.45
21685	$1,631.48
21700	$752.21
21705	$1,127.97
21720	$612.23
21725	$925.48
21740	$1,858.43
21742	$1,689.92
21743	$2,224.68
21750	$1,250.96
21800	$162.40
21805	$430.12
21810	$867.04
21820	$220.84
21825	$1,009.74
21899	BR
21920	$373.05
21925	$695.81
21930	$770.55
21935	$2,034.42
22100	$1,312.79
22101	$1,307.36
22102	$1,331.14
22103	$269.08
22110	$1,670.21
22112	$1,664.78
22114	$1,666.81
22116	$269.08
22210	$3,026.49

CPT CODE	MAXIMUM FEE
22212	$2,472.70
22214	$2,517.55
22216	$709.40
22220	$2,716.64
22222	$2,449.60
22224	$2,701.01
22226	$703.28
22305	$320.04
22310	$400.23
22315	$1,379.39
22318	$2,717.32
22319	$3,030.57
22325	$2,317.10
22326	$2,480.85
22327	$2,406.11
22328	$529.33
22505	$211.32
22520	$4,891.04
22521	$4,459.56
22522	$453.23
22532	$2,911.66
22533	$2,691.50
22534	$693.09
22548	$3,201.80
22554	$2,395.92
22556	$2,868.85
22558	$2,614.04
22585	$644.85
22590	$2,611.32
22595	$2,477.46
22600	$2,102.37
22610	$2,095.58
22612	$2,686.06
22614	$756.96
22630	$2,650.05
22632	$612.91
22800	$2,353.79
22802	$3,839.18
22804	$4,472.47
22808	$3,214.71
22810	$3,625.13
22812	$3,938.38
22818	$3,869.07
22819	$4,350.84
22830	$1,428.99
22840	$1,475.87
22841	$435.56
22842	$1,475.19
22843	$1,551.30
22844	$1,922.99
22845	$1,411.32

CPT CODE	MAXIMUM FEE
22846	$1,467.72
22847	$1,614.49
22848	$700.56
22849	$2,310.98
22850	$1,257.08
22851	$782.78
22852	$1,198.64
22855	$1,914.15
22899	BR
22900	$663.19
22999	BR
23000	$919.36
23020	$1,223.10
23030	$770.55
23031	$750.17
23035	$1,244.16
23040	$1,264.55
23044	$1,001.58
23065	$336.35
23066	$844.62
23075	$432.84
23076	$969.65
23077	$1,940.65
23100	$862.97
23101	$804.53
23105	$1,137.48
23106	$857.53
23107	$1,187.09
23120	$1,003.62
23125	$1,259.11
23130	$1,084.48
23140	$892.86
23145	$1,223.78
23146	$1,106.23
23150	$1,132.05
23155	$1,388.90
23156	$1,191.84
23170	$945.86
23172	$963.53
23174	$1,324.35
23180	$1,287.65
23182	$1,223.10
23184	$1,377.35
23190	$990.03
23195	$1,305.32
23200	$1,532.95
23210	$1,592.07
23220	$1,888.33
23221	$2,205.66
23222	$2,960.58
23330	$391.39

CPT CODE	MAXIMUM FEE
23331	$1,046.43
23332	$1,555.38
23350	$307.13
23395	$2,207.02
23397	$2,047.33
23400	$1,757.19
23405	$1,134.77
23406	$1,422.19
23410	$1,626.72
23412	$1,728.65
23415	$1,335.22
23420	$1,793.20
23430	$1,343.37
23440	$1,393.65
23450	$1,733.40
23455	$1,850.96
23460	$1,994.33
23462	$1,943.37
23465	$2,019.47
23466	$1,901.92
23470	$2,194.11
23472	$2,654.81
23480	$1,484.71
23485	$1,739.52
23490	$1,494.22
23491	$1,858.43
23500	$356.06
23505	$589.81
23515	$1,034.20
23520	$362.17
23525	$582.33
23530	$980.52
23532	$1,110.98
23540	$364.21
23545	$528.65
23550	$1,007.02
23552	$1,169.42
23570	$379.84
23575	$644.85
23585	$1,231.25
23600	$539.52
23605	$802.49
23615	$1,343.37
23616	$2,650.73
23620	$434.20
23625	$644.17
23630	$1,034.20
23650	$506.23
23655	$637.37
23660	$1,028.08
23665	$712.12

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
23670	$1,091.28
23675	$939.75
23680	$1,348.81
23700	$347.90
23800	$1,820.38
23802	$1,999.77
23900	$2,344.95
23920	$1,825.14
23921	$769.87
23929	BR
23930	$657.08
23931	$540.88
23935	$884.03
24000	$826.95
24006	$1,259.11
24065	$371.01
24066	$1,011.78
24075	$801.81
24076	$820.16
24077	$1,435.78
24100	$694.45
24101	$888.79
24102	$1,098.07
24105	$583.69
24110	$1,038.28
24115	$1,256.40
24116	$1,555.38
24120	$927.52
24125	$1,026.05
24126	$1,119.82
24130	$903.06
24134	$1,371.91
24136	$1,126.61
24138	$1,164.66
24140	$1,343.37
24145	$1,145.64
24147	$1,182.33
24149	$1,909.40
24150	$1,732.05
24151	$2,014.72
24152	$1,308.04
24153	$1,211.55
24155	$1,495.58
24160	$1,085.84
24164	$884.03
24200	$364.21
24201	$1,020.61
24220	$341.79
24300	$684.26
24301	$1,354.92
24305	$1,038.28

CPT CODE	MAXIMUM FEE
24310	$848.70
24320	$1,344.73
24330	$1,294.45
24331	$1,431.03
24332	$1,049.15
24340	$1,100.11
24341	$1,164.66
24342	$1,420.16
24343	$1,236.01
24344	$1,891.05
24345	$1,226.50
24346	$1,877.46
24350	$793.66
24351	$871.12
24352	$930.92
24354	$930.24
24356	$956.06
24360	$1,617.21
24361	$1,821.06
24362	$1,874.74
24363	$2,387.08
24365	$1,154.47
24366	$1,234.65
24400	$1,477.91
24410	$1,879.50
24420	$1,774.17
24430	$1,678.37
24435	$1,783.69
24470	$1,218.34
24495	$1,223.78
24498	$1,575.08
24500	$580.29
24505	$856.85
24515	$1,562.17
24516	$1,544.50
24530	$627.86
24535	$1,077.01
24538	$1,337.94
24545	$1,405.21
24546	$2,015.40
24560	$522.54
24565	$887.43
24566	$1,170.78
24575	$1,417.44
24576	$547.68
24577	$927.52
24579	$1,521.40
24582	$1,299.20
24586	$1,970.55
24587	$1,947.45
24600	$648.92

CPT CODE	MAXIMUM FEE
24605	$790.94
24615	$1,278.14
24620	$968.29
24635	$2,002.49
24640	$214.72
24650	$426.05
24655	$748.81
24665	$1,156.51
24666	$1,300.56
24670	$478.37
24675	$780.07
24685	$1,210.19
24800	$1,463.64
24802	$1,787.76
24900	$1,232.61
24920	$1,226.50
24925	$970.33
24930	$1,297.17
24931	$1,379.39
24935	$1,744.96
24940	$1,897.16
24999	BR
25000	$731.82
25001	$551.75
25020	$1,114.38
25023	$2,027.63
25024	$1,241.45
25025	$1,916.87
25028	$962.85
25031	$859.57
25035	$1,504.41
25040	$1,060.02
25065	$364.89
25066	$801.81
25075	$688.33
25076	$1,031.48
25077	$1,575.76
25085	$913.25
25100	$661.83
25101	$769.19
25105	$954.70
25107	$1,069.53
25110	$786.18
25111	$584.37
25112	$711.44
25115	$1,640.31
25116	$1,450.05
25118	$732.50
25119	$989.35
25120	$1,301.24
25125	$1,452.09

CPT CODE	MAXIMUM FEE
25126	$1,482.67
25130	$847.34
25135	$1,045.07
25136	$922.76
25145	$1,319.59
25150	$1,117.10
25151	$1,445.98
25170	$1,896.48
25210	$924.12
25215	$1,210.87
25230	$824.91
25240	$877.23
25246	$338.39
25248	$974.40
25250	$928.88
25251	$1,272.70
25259	$683.58
25260	$1,513.25
25263	$1,509.17
25265	$1,742.92
25270	$1,287.65
25272	$1,420.83
25274	$1,610.42
25275	$1,180.97
25280	$1,420.16
25290	$1,432.39
25295	$1,337.94
25300	$1,257.08
25301	$1,204.07
25310	$1,520.04
25312	$1,692.63
25315	$1,776.21
25316	$2,056.17
25320	$1,611.77
25332	$1,520.04
25335	$1,790.48
25337	$1,549.94
25350	$1,642.35
25355	$1,799.32
25360	$1,609.74
25365	$2,048.69
25370	$2,152.66
25375	$2,152.66
25390	$1,806.79
25391	$2,200.22
25392	$2,173.04
25393	$2,457.07
25394	$1,360.36
25400	$1,894.45
25405	$2,304.18
25415	$2,173.04

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
25420	$2,525.70
25425	$2,472.02
25426	$2,369.42
25430	$1,212.23
25431	$1,407.24
25440	$1,455.49
25441	$1,691.28
25442	$1,443.26
25443	$1,392.98
25444	$1,484.71
25445	$1,305.32
25446	$2,099.66
25447	$1,399.09
25449	$1,855.71
25450	$1,318.23
25455	$1,446.66
25490	$1,677.69
25491	$1,766.02
25492	$2,020.15
25500	$431.48
25505	$852.77
25515	$1,235.33
25520	$960.13
25525	$1,645.07
25526	$1,942.69
25530	$419.25
25535	$814.04
25545	$1,225.82
25560	$438.96
25565	$897.62
25574	$1,046.43
25575	$1,474.52
25600	$483.80
25605	$949.94
25611	$1,225.82
25620	$1,169.42
25622	$494.00
25624	$784.82
25628	$1,195.92
25630	$508.95
25635	$749.49
25645	$1,023.33
25650	$529.33
25651	$791.62
25652	$1,072.93
25660	$681.54
25670	$1,098.07
25671	$891.50
25675	$739.98
25676	$1,132.05
25680	$778.71

CPT CODE	MAXIMUM FEE
25685	$1,299.88
25690	$805.21
25695	$1,137.48
25800	$1,384.82
25805	$1,582.56
25810	$1,501.02
25820	$1,121.18
25825	$1,351.53
25830	$1,766.02
25900	$1,551.98
25905	$1,547.90
25907	$1,403.17
25909	$1,535.67
25915	$2,639.18
25920	$1,213.59
25922	$1,058.66
25924	$1,213.59
25927	$1,476.55
25929	$991.39
25931	$1,386.86
25999	BR
26010	$494.00
26011	$769.19
26020	$729.10
26025	$725.71
26030	$852.77
26034	$920.04
26035	$1,276.78
26037	$997.51
26040	$537.48
26045	$822.87
26055	$1,187.09
26060	$459.34
26070	$509.63
26075	$548.36
26080	$660.47
26100	$563.31
26105	$578.25
26110	$549.72
26115	$1,190.48
26116	$839.18
26117	$1,144.28
26121	$1,063.42
26123	$1,328.42
26125	$525.93
26130	$794.34
26135	$983.24
26140	$890.82
26145	$905.09
26160	$1,087.20
26170	$706.68

CPT CODE	MAXIMUM FEE
26180	$771.91
26185	$819.48
26200	$795.02
26205	$1,071.57
26210	$769.87
26215	$976.44
26230	$898.30
26235	$878.59
26236	$775.99
26250	$1,021.97
26255	$1,592.75
26260	$963.53
26261	$1,113.02
26262	$806.57
26320	$602.04
26340	$527.29
26350	$1,460.93
26352	$1,640.99
26356	$1,877.46
26357	$1,734.08
26358	$1,844.16
26370	$1,583.91
26372	$1,812.23
26373	$1,727.29
26390	$1,620.61
26392	$1,935.22
26410	$1,173.50
26412	$1,395.01
26415	$1,432.39
26416	$1,681.08
26418	$1,168.74
26420	$1,457.53
26426	$1,374.63
26428	$1,504.41
26432	$1,011.78
26433	$1,090.60
26434	$1,260.47
26437	$1,241.45
26440	$1,303.28
26442	$1,717.10
26445	$1,228.54
26449	$1,617.89
26450	$786.18
26455	$780.07
26460	$756.28
26471	$1,211.55
26474	$1,185.73
26476	$1,146.32
26477	$1,155.15
26478	$1,258.43
26479	$1,236.69

CPT CODE	MAXIMUM FEE
26480	$1,544.50
26483	$1,701.47
26485	$1,643.03
26489	$1,548.58
26490	$1,523.44
26492	$1,672.25
26494	$1,543.14
26496	$1,647.79
26497	$1,666.13
26498	$2,190.03
26499	$1,586.63
26500	$1,242.13
26502	$1,377.35
26504	$1,445.98
26508	$1,266.59
26510	$1,192.52
26516	$1,389.58
26517	$1,611.77
26518	$1,611.09
26520	$1,356.96
26525	$1,365.12
26530	$941.11
26531	$1,100.11
26535	$657.76
26536	$1,151.75
26540	$1,309.40
26541	$1,581.20
26542	$1,346.77
26545	$1,364.44
26546	$1,723.89
26548	$1,498.30
26550	$2,800.90
26551	$5,902.82
26553	$4,843.48
26554	$6,914.59
26555	$2,531.14
26556	$5,643.93
26560	$1,087.88
26561	$1,677.69
26562	$2,333.40
26565	$1,340.65
26567	$1,344.73
26568	$1,766.02
26580	$2,314.38
26587	$1,682.44
26590	$2,351.75
26591	$906.45
26593	$1,169.42
26596	$1,300.56
26600	$398.19
26605	$534.09

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
26607	$847.34
26608	$847.34
26615	$779.39
26641	$604.76
26645	$693.09
26650	$905.77
26665	$1,024.69
26670	$565.34
26675	$737.26
26676	$888.79
26685	$963.53
26686	$1,091.28
26700	$529.33
26705	$687.65
26706	$746.09
26715	$825.59
26720	$316.65
26725	$583.69
26727	$834.43
26735	$845.98
26740	$364.21
26742	$638.05
26746	$833.07
26750	$298.30
26755	$538.16
26756	$733.86
26765	$623.78
26770	$457.30
26775	$639.41
26776	$784.82
26785	$637.37
26820	$1,546.54
26841	$1,462.28
26842	$1,557.41
26843	$1,433.75
26844	$1,590.03
26850	$1,373.27
26852	$1,532.27
26860	$1,127.29
26861	$199.09
26862	$1,412.68
26863	$445.75
26910	$1,356.28
26951	$1,048.47
26952	$1,283.58
26989	BR
26990	$1,077.01
26991	$1,284.93
26992	$1,733.40
27000	$805.21
27001	$967.61

CPT CODE	MAXIMUM FEE
27003	$1,013.13
27005	$1,299.88
27006	$1,312.79
27025	$1,459.57
27030	$1,688.56
27033	$1,738.16
27035	$2,037.82
27036	$1,703.51
27040	$568.74
27041	$1,210.87
27047	$1,056.62
27048	$811.32
27049	$1,634.20
27050	$636.69
27052	$893.54
27054	$1,177.57
27060	$718.91
27062	$779.39
27065	$834.43
27066	$1,391.62
27067	$1,786.41
27070	$1,463.64
27071	$1,593.43
27075	$4,053.22
27076	$2,730.91
27077	$4,666.13
27078	$1,736.80
27079	$1,709.62
27080	$824.23
27086	$451.87
27087	$1,120.50
27090	$1,482.67
27091	$2,709.85
27093	$399.55
27095	$500.11
27096	$397.51
27097	$1,138.16
27098	$1,140.88
27100	$1,460.93
27105	$1,536.35
27110	$1,660.02
27111	$1,575.08
27120	$2,228.08
27122	$1,940.65
27125	$1,888.33
27130	$2,503.28
27132	$2,914.38
27134	$3,475.64
27137	$2,629.67
27138	$2,739.74
27140	$1,609.06

CPT CODE	MAXIMUM FEE
27146	$2,207.02
27147	$2,537.25
27151	$2,331.36
27156	$3,041.44
27158	$2,297.39
27161	$2,150.62
27165	$2,300.79
27170	$2,045.97
27175	$1,126.61
27176	$1,579.16
27177	$1,939.97
27178	$1,525.48
27179	$1,710.98
27181	$1,795.24
27185	$1,295.13
27187	$1,778.93
27193	$786.18
27194	$1,284.93
27200	$293.54
27202	$1,695.35
27215	$1,293.77
27216	$1,863.19
27217	$1,806.11
27218	$2,376.21
27220	$878.59
27222	$1,681.76
27226	$1,708.94
27227	$2,907.58
27228	$3,353.33
27230	$808.61
27232	$1,325.70
27235	$1,608.38
27236	$1,990.26
27238	$782.78
27240	$1,631.48
27244	$2,034.42
27245	$2,547.45
27246	$676.78
27248	$1,387.54
27250	$826.95
27252	$1,318.23
27253	$1,690.60
27254	$2,265.45
27256	$548.36
27257	$591.17
27258	$1,961.72
27259	$2,673.83
27265	$709.40
27266	$1,025.37
27275	$322.76
27280	$1,767.38

CPT CODE	MAXIMUM FEE
27282	$1,438.50
27284	$2,857.98
27286	$2,873.61
27290	$2,760.81
27295	$2,229.44
27299	BR
27301	$1,192.52
27303	$1,131.37
27305	$820.16
27306	$690.37
27307	$828.99
27310	$1,251.64
27315	$883.35
27320	$854.13
27323	$409.74
27324	$665.91
27327	$752.21
27328	$731.14
27329	$1,714.38
27330	$703.28
27331	$841.90
27332	$1,141.56
27333	$1,034.20
27334	$1,195.24
27335	$1,354.24
27340	$641.45
27345	$850.73
27347	$826.27
27350	$1,141.56
27355	$1,068.17
27356	$1,285.61
27357	$1,435.78
27358	$548.36
27360	$1,479.95
27365	$2,083.35
27370	$323.44
27372	$1,080.41
27380	$1,064.10
27381	$1,438.50
27385	$1,136.12
27386	$1,485.39
27390	$770.55
27391	$1,015.85
27392	$1,246.20
27393	$901.70
27394	$1,166.02
27395	$1,566.25
27396	$1,098.75
27397	$1,502.37
27400	$1,193.88
27403	$1,150.39

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
27405	$1,197.28
27407	$1,378.71
27409	$1,702.15
27412	$2,878.36
27415	$2,403.39
27418	$1,467.72
27420	$1,331.82
27422	$1,329.78
27424	$1,329.78
27425	$790.26
27427	$1,272.70
27428	$1,875.42
27429	$2,077.91
27430	$1,312.79
27435	$1,333.86
27437	$1,166.70
27438	$1,473.16
27440	$1,236.69
27441	$1,314.83
27442	$1,552.66
27443	$1,460.93
27445	$2,245.75
27446	$2,028.31
27447	$2,703.73
27448	$1,463.64
27450	$1,829.21
27454	$2,247.79
27455	$1,691.96
27457	$1,744.28
27465	$1,802.03
27466	$2,098.30
27468	$2,348.35
27470	$2,077.91
27472	$2,268.85
27475	$1,168.74
27477	$1,310.08
27479	$1,710.30
27485	$1,206.11
27486	$2,449.60
27487	$3,133.17
27488	$2,046.65
27495	$2,011.32
27496	$860.93
27497	$932.95
27498	$1,030.80
27499	$1,173.50
27500	$882.67
27501	$863.64
27502	$1,385.50
27503	$1,403.17
27506	$2,252.54

CPT CODE	MAXIMUM FEE
27507	$1,778.25
27508	$898.98
27509	$1,154.47
27510	$1,219.02
27511	$1,844.84
27513	$2,367.38
27514	$2,281.08
27516	$848.70
27517	$1,184.37
27519	$1,978.70
27520	$533.41
27524	$1,354.24
27530	$659.12
27532	$1,079.73
27535	$1,600.90
27536	$2,033.06
27538	$801.81
27540	$1,685.84
27550	$848.02
27552	$1,098.75
27556	$1,936.58
27557	$2,225.36
27558	$2,295.35
27560	$614.95
27562	$779.39
27566	$1,605.66
27570	$258.89
27580	$2,542.01
27590	$1,386.18
27591	$1,579.84
27592	$1,196.60
27594	$889.47
27596	$1,286.97
27598	$1,300.56
27599	BR
27600	$748.13
27601	$766.48
27602	$920.72
27603	$892.18
27604	$762.40
27605	$744.73
27606	$555.15
27607	$1,047.79
27610	$1,134.77
27612	$987.31
27613	$381.20
27614	$920.72
27615	$1,610.42
27618	$800.45
27619	$1,299.88
27620	$841.22

CPT CODE	MAXIMUM FEE
27625	$1,089.24
27626	$1,174.86
27630	$888.79
27635	$1,073.61
27637	$1,343.37
27638	$1,401.81
27640	$1,596.83
27641	$1,292.41
27645	$1,939.97
27646	$1,744.96
27647	$1,465.68
27648	$309.85
27650	$1,274.74
27652	$1,360.36
27654	$1,270.67
27656	$932.95
27658	$700.56
27659	$918.68
27664	$671.35
27665	$763.76
27675	$951.98
27676	$1,123.21
27680	$799.77
27681	$941.79
27685	$1,002.26
27686	$1,031.48
27687	$852.09
27690	$1,112.34
27691	$1,314.15
27692	$212.00
27695	$911.21
27696	$1,085.16
27698	$1,206.79
27700	$1,105.55
27702	$1,797.96
27703	$2,024.91
27704	$982.56
27705	$1,377.35
27707	$682.22
27709	$1,342.69
27712	$1,863.19
27715	$1,874.06
27720	$1,575.08
27722	$1,558.09
27724	$2,286.52
27725	$2,045.30
27727	$1,816.98
27730	$1,054.58
27732	$748.13
27734	$1,094.00
27740	$1,282.90

CPT CODE	MAXIMUM FEE
27742	$1,196.60
27745	$1,353.56
27750	$574.86
27752	$914.61
27756	$977.12
27758	$1,551.30
27759	$1,793.88
27760	$553.11
27762	$841.22
27766	$1,154.47
27780	$491.28
27781	$719.59
27784	$1,004.30
27786	$525.25
27788	$733.18
27792	$1,081.08
27808	$549.04
27810	$826.27
27814	$1,429.67
27816	$521.86
27818	$859.57
27822	$1,596.83
27823	$1,811.55
27824	$501.47
27825	$936.35
27826	$1,278.14
27827	$1,983.46
27828	$2,235.56
27829	$896.94
27830	$590.49
27831	$661.83
27832	$925.48
27840	$596.60
27842	$835.11
27846	$1,314.15
27848	$1,547.22
27860	$319.37
27870	$1,817.66
27871	$1,243.49
27880	$1,405.89
27881	$1,570.32
27882	$1,134.09
27884	$1,029.44
27886	$1,168.74
27888	$1,267.95
27889	$1,214.95
27892	$954.70
27893	$943.83
27894	$1,348.81
27899	BR
28001	$411.10

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
28002	$694.45
28003	$1,070.89
28005	$1,079.05
28008	$650.28
28010	$379.16
28011	$544.96
28020	$797.05
28022	$712.12
28024	$689.69
28030	$716.87
28035	$790.26
28043	$530.01
28045	$727.74
28046	$1,377.35
28050	$661.15
28052	$636.69
28054	$585.73
28060	$773.95
28062	$941.79
28070	$749.49
28072	$731.14
28080	$621.74
28086	$917.33
28088	$693.09
28090	$688.33
28092	$633.97
28100	$979.16
28102	$1,006.34
28103	$816.08
28104	$767.16
28106	$852.77
28107	$870.44
28108	$629.90
28110	$667.27
28111	$812.00
28112	$740.66
28113	$778.71
28114	$1,551.30
28116	$1,057.98
28118	$885.39
28119	$781.43
28120	$913.25
28122	$1,025.37
28124	$706.00
28126	$555.15
28130	$1,091.28
28140	$1,021.97
28150	$641.45
28153	$572.82
28160	$596.60
28171	$1,110.30

CPT CODE	MAXIMUM FEE
28173	$1,189.80
28175	$848.02
28190	$378.48
28192	$726.39
28193	$818.12
28200	$699.21
28202	$1,015.85
28208	$662.51
28210	$908.49
28220	$663.19
28222	$784.14
28225	$570.78
28226	$672.03
28230	$642.81
28232	$567.38
28234	$575.54
28238	$1,088.56
28240	$649.60
28250	$839.86
28260	$1,047.11
28261	$1,487.43
28262	$2,169.64
28264	$1,331.82
28270	$697.17
28272	$573.50
28280	$825.59
28285	$682.22
28286	$674.06
28288	$768.51
28289	$1,089.24
28290	$864.32
28292	$1,047.11
28293	$1,428.31
28294	$1,160.59
28296	$1,258.43
28297	$1,320.27
28298	$1,100.11
28299	$1,406.57
28300	$1,229.22
28302	$1,212.23
28304	$1,247.56
28305	$1,255.04
28306	$918.68
28307	$1,240.09
28308	$796.37
28309	$1,544.50
28310	$805.89
28312	$720.27
28313	$747.45
28315	$704.64
28320	$1,175.54

CPT CODE	MAXIMUM FEE
28322	$1,274.74
28340	$968.97
28341	$1,113.02
28344	$714.15
28345	$877.23
28360	$1,772.14
28400	$415.85
28405	$686.97
28406	$963.53
28415	$2,164.89
28420	$2,193.43
28430	$392.75
28435	$530.01
28436	$773.95
28445	$1,982.78
28450	$359.46
28455	$471.57
28456	$494.00
28465	$977.80
28470	$366.93
28475	$457.30
28476	$604.08
28485	$813.36
28490	$220.16
28495	$268.40
28496	$743.37
28505	$845.98
28510	$186.86
28515	$239.86
28525	$767.84
28530	$179.39
28531	$676.10
28540	$318.69
28545	$350.62
28546	$722.31
28555	$1,170.78
28570	$292.19
28575	$515.74
28576	$612.91
28585	$1,123.21
28600	$337.71
28605	$423.33
28606	$706.68
28615	$1,161.27
28630	$235.11
28635	$284.71
28636	$480.41
28645	$661.83
28660	$178.03
28665	$244.62
28666	$609.51

CPT CODE	MAXIMUM FEE
28675	$714.15
28705	$2,327.29
28715	$1,696.71
28725	$1,473.16
28730	$1,420.16
28735	$1,380.74
28737	$1,215.63
28740	$1,365.12
28750	$1,380.06
28755	$780.07
28760	$1,139.52
28800	$1,028.76
28805	$1,032.16
28810	$783.46
28820	$853.45
28825	$752.21
28899	BR
29000	$381.20
29010	$393.43
29015	$385.28
29020	$378.48
29025	$406.34
29035	$384.60
29040	$342.47
29044	$437.60
29046	$411.10
29049	$156.96
29055	$342.47
29058	$205.89
29065	$159.00
29075	$146.09
29085	$154.93
29086	$112.12
29105	$150.85
29125	$114.16
29126	$138.62
29130	$69.99
29131	$90.37
29200	$95.81
29220	$95.13
29240	$109.40
29260	$91.05
29280	$91.05
29305	$387.32
29325	$423.33
29345	$230.35
29355	$236.47
29358	$253.45
29365	$206.57
29405	$150.85
29425	$162.40

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
29435	$199.77
29440	$91.05
29445	$260.93
29450	$259.57
29505	$131.82
29515	$114.84
29520	$96.49
29530	$95.13
29540	$67.27
29550	$64.55
29580	$87.66
29590	$92.41
29700	$103.96
29705	$115.52
29710	$207.93
29715	$150.17
29720	$132.50
29730	$114.16
29740	$165.80
29750	$171.23
29799	BR
29800	$976.44
29804	$1,163.98
29805	$852.77
29806	$1,899.88
29807	$1,850.28
29819	$1,066.14
29820	$983.92
29821	$1,074.29
29822	$1,045.07
29823	$1,139.52
29824	$1,167.38
29825	$1,064.10
29826	$1,226.50
29827	$2,004.53
29830	$818.80
29834	$894.22
29835	$914.61
29836	$1,055.94
29837	$962.85
29838	$1,077.69
29840	$793.66
29843	$852.09
29844	$898.30
29845	$1,017.21
29846	$941.11
29847	$974.40
29848	$808.61
29850	$977.80
29851	$1,711.66
29855	$1,439.18

CPT CODE	MAXIMUM FEE
29856	$1,846.20
29860	$1,110.30
29861	$1,225.14
29862	$1,363.08
29863	$1,346.77
29866	$1,876.10
29867	$2,240.99
29868	$3,038.04
29870	$732.50
29871	$919.36
29873	$923.44
29874	$963.53
29875	$898.98
29876	$1,106.91
29877	$1,042.35
29879	$1,123.21
29880	$1,176.21
29881	$1,089.92
29882	$1,179.61
29883	$1,493.54
29884	$1,038.28
29885	$1,264.55
29886	$1,064.78
29887	$1,257.75
29888	$1,797.96
29889	$2,115.96
29891	$1,174.18
29892	$1,232.61
29893	$824.91
29894	$938.39
29895	$920.72
29897	$966.25
29898	$1,071.57
29899	$1,820.38
29900	$828.99
29901	$913.25
29902	$975.08
29999	BR
30000	$381.88
30020	$327.52
30100	$202.49
30110	$340.43
30115	$714.15
30117	$1,125.25
30118	$1,337.94
30120	$833.75
30124	$472.93
30125	$1,095.35
30130	$630.58
30140	$677.46
30150	$1,429.67

CPT CODE	MAXIMUM FEE
30160	$1,405.89
30200	$167.16
30210	$222.20
30220	$400.91
30300	$390.71
30310	$355.38
30320	$811.32
30400	$1,789.80
30410	$2,224.68
30420	$2,393.88
30430	$1,629.44
30435	$2,190.03
30450	$2,883.80
30460	$1,421.51
30462	$2,873.61
30465	$1,674.29
30520	$871.12
30540	$1,202.04
30545	$1,694.67
30560	$416.53
30580	$1,042.35
30600	$965.57
30620	$1,043.71
30630	$1,064.78
30801	$360.81
30802	$462.74
30901	$182.11
30903	$297.62
30905	$383.92
30906	$444.39
30915	$983.24
30920	$1,331.14
30930	$203.85
30999	BR
31000	$277.24
31002	$360.81
31020	$799.09
31030	$1,222.42
31032	$977.80
31040	$1,364.44
31050	$825.59
31051	$1,085.84
31070	$720.27
31075	$1,337.26
31080	$1,772.14
31081	$1,982.10
31084	$1,918.91
31085	$2,026.27
31086	$1,848.92
31087	$1,841.45
31090	$1,562.85

CPT CODE	MAXIMUM FEE
31200	$983.24
31201	$1,246.88
31205	$1,547.90
31225	$2,630.34
31230	$2,927.29
31231	$310.53
31233	$453.91
31235	$530.69
31237	$574.18
31238	$595.24
31239	$1,176.21
31240	$311.21
31254	$539.52
31255	$801.13
31256	$390.03
31267	$631.26
31276	$1,010.42
31287	$458.66
31288	$532.73
31290	$2,089.46
31291	$2,194.79
31292	$1,804.75
31293	$1,962.40
31294	$2,270.89
31299	BR
31300	$2,067.72
31320	$1,087.88
31360	$2,389.80
31365	$3,159.68
31367	$3,093.76
31368	$3,721.62
31370	$3,086.29
31375	$2,865.45
31380	$2,885.84
31382	$2,976.89
31390	$3,684.25
31395	$4,203.39
31400	$1,692.63
31420	$1,398.41
31500	$208.61
31502	$68.63
31505	$143.37
31510	$365.57
31511	$371.69
31512	$370.33
31513	$253.45
31515	$372.37
31520	$293.54
31525	$440.32
31526	$305.78
31527	$366.93

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
31528	$273.84
31529	$313.25
31530	$381.88
31531	$417.21
31535	$367.61
31536	$413.82
31540	$475.65
31541	$521.18
31545	$689.01
31546	$1,051.87
31560	$613.59
31561	$668.63
31570	$668.63
31571	$489.24
31575	$209.97
31576	$392.75
31577	$437.60
31578	$499.43
31579	$423.33
31580	$1,990.26
31582	$3,338.38
31584	$2,681.31
31585	$794.34
31586	$1,327.74
31587	$1,512.57
31588	$1,886.29
31590	$1,582.56
31595	$1,329.78
31599	BR
31600	$758.32
31601	$491.96
31603	$427.41
31605	$349.26
31610	$1,210.19
31611	$894.22
31612	$142.02
31613	$748.13
31614	$1,117.10
31615	$329.56
31620	$485.84
31622	$586.41
31623	$642.81
31624	$598.64
31625	$636.69
31628	$748.13
31629	$1,257.75
31630	$398.87
31631	$440.32
31632	$137.94
31633	$163.76
31635	$682.22

CPT CODE	MAXIMUM FEE
31636	$432.84
31637	$154.25
31638	$480.41
31640	$506.91
31641	$494.68
31643	$334.31
31645	$576.90
31646	$525.93
31656	$653.68
31700	$243.94
31708	$238.50
31710	$125.03
31715	$103.28
31717	$714.15
31720	$99.21
31725	$187.54
31730	$358.10
31750	$2,151.98
31755	$2,836.23
31760	$2,433.29
31766	$3,296.93
31770	$2,413.58
31775	$2,600.45
31780	$2,065.00
31781	$2,569.87
31785	$1,968.51
31786	$2,737.71
31800	$1,185.05
31805	$1,503.73
31820	$715.51
31825	$1,020.61
31830	$726.39
31899	BR
32000	$318.01
32002	$376.44
32005	$602.04
32019	$1,668.17
32020	$390.03
32035	$1,068.85
32036	$1,187.77
32095	$1,011.10
32100	$1,712.34
32110	$2,502.60
32120	$1,372.59
32124	$1,478.59
32140	$1,599.54
32141	$1,597.50
32150	$1,609.74
32151	$1,638.27
32160	$1,073.61
32200	$1,753.79

CPT CODE	MAXIMUM FEE
32201	$1,693.99
32215	$1,343.37
32220	$2,739.74
32225	$1,600.90
32310	$1,544.50
32320	$2,684.03
32400	$270.44
32402	$930.92
32405	$184.14
32420	$203.85
32440	$2,813.81
32442	$3,042.12
32445	$2,903.50
32480	$2,660.24
32482	$2,813.13
32484	$2,376.89
32486	$2,758.77
32488	$2,929.32
32491	$2,499.20
32500	$2,545.41
32501	$466.82
32520	$2,446.20
32522	$2,688.10
32525	$2,920.49
32540	$1,786.41
32601	$583.01
32602	$632.61
32603	$811.32
32604	$913.93
32605	$733.18
32606	$877.91
32650	$1,290.37
32651	$1,490.82
32652	$2,131.59
32653	$1,468.40
32654	$1,465.68
32655	$1,504.41
32656	$1,539.07
32657	$1,579.84
32658	$1,398.41
32659	$1,401.81
32660	$1,966.47
32661	$1,551.98
32662	$1,861.83
32663	$2,164.89
32664	$1,640.31
32665	$1,751.75
32800	$1,558.77
32810	$1,523.44
32815	$2,535.89
32820	$2,454.35

CPT CODE	MAXIMUM FEE
32850	BR
32851	$4,863.86
32852	$5,494.44
32853	$5,866.80
32854	$6,305.08
32855	BR
32856	BR
32900	$2,243.03
32905	$2,302.15
32906	$2,895.35
32940	$2,148.58
32960	$253.45
32997	$573.50
32999	BR
33010	$215.40
33011	$218.80
33015	$841.22
33020	$1,434.42
33025	$1,368.51
33030	$2,101.69
33031	$2,370.78
33050	$1,648.47
33120	$2,695.58
33130	$2,333.40
33140	$2,287.20
33141	$482.45
33200	$1,424.91
33201	$1,228.54
33206	$790.94
33207	$903.74
33208	$915.97
33210	$322.08
33211	$334.99
33212	$633.97
33213	$717.55
33214	$897.62
33215	$563.99
33216	$704.64
33217	$705.32
33218	$687.65
33220	$691.05
33222	$656.40
33223	$780.75
33224	$924.80
33225	$819.48
33226	$890.82
33233	$461.38
33234	$903.74
33235	$1,151.75
33236	$1,472.48
33237	$1,564.89

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
33238	$1,722.53
33240	$859.57
33241	$435.56
33243	$2,457.75
33244	$1,605.66
33245	$1,641.67
33246	$2,279.72
33249	$1,590.03
33250	$2,439.41
33251	$2,717.32
33253	$3,348.58
33261	$2,717.32
33282	$572.82
33284	$419.93
33300	$2,016.76
33305	$2,384.37
33310	$2,080.63
33315	$2,476.78
33320	$1,835.33
33321	$2,230.12
33322	$2,293.31
33330	$2,336.80
33332	$2,542.69
33335	$3,226.27
33400	$3,272.47
33401	$2,779.16
33403	$2,898.75
33404	$3,216.07
33405	$3,963.52
33406	$4,208.82
33410	$3,642.12
33411	$4,092.63
33412	$4,663.41
33413	$4,804.07
33414	$3,321.40
33415	$2,917.09
33416	$3,279.27
33417	$3,135.89
33420	$2,313.70
33422	$2,942.91
33425	$2,984.36
33426	$3,727.06
33427	$4,424.90
33430	$3,777.34
33460	$2,599.09
33463	$2,867.49
33464	$3,042.12
33465	$3,118.23
33468	$3,244.61
33470	$2,208.38
33471	$2,399.99

CPT CODE	MAXIMUM FEE
33472	$2,554.92
33474	$2,518.91
33475	$3,606.79
33476	$2,723.44
33478	$2,962.62
33496	$2,987.08
33500	$2,760.81
33501	$1,893.77
33502	$2,380.97
33503	$2,265.45
33504	$2,701.01
33505	$2,845.07
33506	$3,712.11
33508	$30.58
33510	$3,362.17
33511	$3,491.95
33512	$3,665.22
33513	$3,693.76
33514	$3,766.47
33516	$3,993.42
33517	$256.85
33518	$483.80
33519	$710.76
33521	$938.39
33522	$1,165.34
33523	$1,394.33
33530	$585.05
33533	$3,448.46
33534	$3,695.80
33535	$3,908.48
33536	$4,144.95
33542	$3,124.34
33545	$3,905.09
33572	$443.71
33600	$3,150.16
33602	$3,038.72
33606	$3,311.20
33608	$3,385.95
33610	$3,307.81
33611	$3,561.26
33612	$3,759.67
33615	$3,489.23
33617	$3,976.43
33619	$4,900.55
33641	$2,312.34
33645	$2,730.23
33647	$3,103.96
33660	$3,254.13
33665	$3,149.48
33670	$3,583.00
33681	$3,372.36

CPT CODE	MAXIMUM FEE
33684	$3,172.59
33688	$3,107.35
33690	$2,148.58
33692	$3,341.10
33694	$3,627.17
33697	$3,728.42
33702	$2,901.47
33710	$3,262.28
33720	$2,891.95
33722	$2,957.18
33730	$3,620.38
33732	$3,067.26
33735	$2,187.99
33736	$2,607.92
33737	$2,437.37
33750	$2,225.36
33755	$2,295.35
33762	$2,378.93
33764	$2,374.85
33766	$2,586.86
33767	$2,715.96
33770	$3,892.86
33771	$3,574.85
33774	$3,420.60
33775	$3,538.84
33776	$3,724.34
33777	$3,700.56
33778	$4,278.13
33779	$3,697.84
33780	$4,376.66
33781	$3,781.42
33786	$4,166.01
33788	$2,889.91
33800	$1,818.34
33802	$1,976.67
33803	$2,208.38
33813	$2,352.43
33814	$2,865.45
33820	$1,835.33
33822	$1,963.76
33824	$2,196.82
33840	$2,244.39
33845	$2,488.33
33851	$2,382.33
33852	$2,525.02
33853	$3,459.33
33860	$4,071.56
33861	$4,465.67
33863	$4,762.62
33870	$4,660.69
33875	$3,521.85

CPT CODE	MAXIMUM FEE
33877	$4,390.93
33910	$2,690.82
33915	$2,193.43
33916	$2,770.32
33917	$2,738.39
33918	$2,894.67
33919	$4,304.63
33920	$3,402.26
33922	$2,544.05
33924	$553.79
33930	BR
33933	BR
33935	$6,699.19
33940	BR
33944	BR
33945	$4,723.20
33960	$1,823.78
33961	$1,047.79
33967	$477.69
33968	$63.87
33970	$668.63
33971	$1,147.68
33973	$970.33
33974	$1,627.40
33975	$2,054.81
33976	$2,291.27
33977	$2,249.15
33978	$2,490.37
33979	$4,596.82
33980	$6,099.19
33999	BR
34001	$1,452.09
34051	$1,708.94
34101	$1,136.12
34111	$1,134.09
34151	$2,638.50
34201	$1,144.28
34203	$1,824.46
34401	$2,620.15
34421	$1,346.09
34451	$2,860.70
34471	$1,127.97
34490	$1,127.97
34501	$1,811.55
34502	$2,906.22
34510	$2,079.27
34520	$1,939.97
34530	$1,830.57
34800	$2,186.63
34802	$2,378.25
34803	$2,459.79

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
34804	$2,378.25
34805	$2,274.97
34808	$409.06
34812	$687.65
34813	$475.65
34820	$977.12
34825	$1,316.87
34826	$402.26
34830	$3,448.46
34831	$3,506.90
34832	$3,710.07
34833	$1,225.82
34834	$562.63
34900	$1,755.83
35001	$2,166.93
35002	$2,287.20
35005	$1,948.81
35011	$1,931.82
35013	$2,356.51
35021	$2,160.13
35022	$2,455.03
35045	$1,865.23
35081	$2,944.95
35082	$4,012.45
35091	$3,665.90
35092	$4,673.60
35102	$3,224.23
35103	$4,210.86
35111	$2,635.10
35112	$3,122.98
35121	$3,161.71
35122	$3,631.25
35131	$2,677.23
35132	$3,166.47
35141	$2,154.02
35142	$2,508.03
35151	$2,430.57
35152	$2,751.98
35180	$1,463.64
35182	$3,197.73
35184	$1,953.56
35188	$1,632.16
35189	$2,978.25
35190	$1,424.23
35201	$1,791.84
35206	$1,469.08
35207	$1,285.61
35211	$2,436.01
35216	$2,058.89
35221	$2,551.52
35226	$1,623.33

CPT CODE	MAXIMUM FEE
35231	$2,209.05
35236	$1,859.11
35241	$2,559.68
35246	$2,821.28
35251	$3,125.02
35256	$1,988.90
35261	$1,924.34
35266	$1,626.72
35271	$2,427.17
35276	$2,634.42
35281	$2,959.22
35286	$1,800.00
35301	$2,023.55
35311	$2,859.34
35321	$1,738.16
35331	$2,793.42
35341	$2,693.54
35351	$2,436.69
35355	$1,982.78
35361	$2,977.57
35363	$3,193.65
35371	$1,612.45
35372	$1,943.37
35381	$1,751.75
35390	$319.37
35400	$307.81
35450	$1,009.06
35452	$706.68
35454	$623.78
35456	$754.92
35458	$963.53
35459	$880.63
35460	$619.70
35470	$6,672.69
35471	$7,543.81
35472	$4,882.21
35473	$4,511.20
35474	$6,500.78
35475	$4,500.33
35476	$3,475.64
35480	$1,113.02
35481	$786.18
35482	$685.62
35483	$830.35
35484	$1,051.19
35485	$973.04
35490	$1,122.53
35491	$790.26
35492	$700.56
35493	$847.34
35494	$1,060.02

CPT CODE	MAXIMUM FEE
35495	$990.71
35500	$636.01
35501	$2,060.92
35506	$2,166.25
35507	$2,166.93
35508	$2,098.98
35509	$1,998.41
35510	$2,394.56
35511	$2,264.09
35512	$2,349.03
35515	$2,081.99
35516	$1,727.29
35518	$2,248.47
35521	$2,380.29
35522	$2,281.76
35525	$2,179.16
35526	$3,125.70
35531	$3,780.74
35533	$2,947.67
35536	$3,332.27
35541	$2,756.73
35546	$2,715.96
35548	$2,303.51
35549	$2,510.07
35551	$2,830.80
35556	$2,343.60
35558	$2,285.16
35560	$3,392.06
35563	$2,587.54
35565	$2,482.89
35566	$2,856.62
35571	$2,599.09
35572	$681.54
35583	$2,420.38
35585	$3,025.81
35587	$2,692.18
35600	$494.68
35601	$1,944.05
35606	$2,060.24
35612	$1,742.92
35616	$1,760.58
35621	$2,140.43
35623	$2,573.95
35626	$2,963.98
35631	$3,576.89
35636	$3,112.79
35641	$2,652.77
35642	$1,962.40
35645	$1,914.83
35646	$3,288.78
35647	$2,965.34

CPT CODE	MAXIMUM FEE
35650	$2,037.82
35651	$2,645.97
35654	$2,656.17
35656	$2,094.90
35661	$2,075.87
35663	$2,378.25
35665	$2,267.49
35666	$2,440.08
35671	$2,132.27
35681	$159.68
35682	$719.59
35683	$850.05
35685	$405.66
35686	$335.67
35691	$1,971.91
35693	$1,716.42
35694	$2,065.68
35695	$2,065.00
35697	$301.02
35700	$307.81
35701	$1,002.26
35721	$857.53
35741	$933.63
35761	$686.97
35800	$856.85
35820	$1,489.46
35840	$1,110.98
35860	$702.60
35870	$2,366.02
35875	$1,132.73
35876	$1,823.78
35879	$1,761.94
35881	$1,981.42
35901	$993.43
35903	$1,142.92
35905	$3,312.56
35907	$3,665.90
36000	$51.64
36002	$339.07
36005	$588.45
36010	$1,489.46
36011	$2,122.76
36012	$1,542.47
36013	$1,638.27
36014	$1,585.27
36015	$1,861.15
36100	$1,043.71
36120	$873.84
36140	$1,015.17
36145	$998.19
36160	$1,104.19

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
36200	$1,344.05
36215	$2,175.76
36216	$2,359.22
36217	$4,225.81
36218	$419.93
36245	$2,520.27
36246	$2,420.38
36247	$3,824.23
36248	$348.58
36260	$1,077.69
36261	$665.91
36262	$494.68
36299	BR
36400	$46.89
36405	$40.77
36406	$31.94
36410	$32.62
36415	$5.44
36416	$6.80
36420	$96.49
36425	$70.67
36430	$72.71
36440	$96.49
36450	$214.04
36455	$244.62
36460	$653.00
36468	BR
36469	BR
36470	$264.33
36471	$328.20
36475	$3,973.72
36476	$777.35
36478	$3,659.79
36479	$784.82
36481	$900.34
36500	$347.22
36510	$345.19
36511	$173.27
36512	$173.95
36513	$179.39
36514	$1,276.78
36515	$4,628.75
36516	$5,799.53
36522	$2,321.85
36540	$50.96
36550	$51.64
36555	$580.97
36556	$564.66
36557	$1,821.06
36558	$1,793.88
36560	$2,478.82

CPT CODE	MAXIMUM FEE
36561	$2,455.71
36563	$2,293.99
36565	$2,124.12
36566	$2,212.45
36568	$650.28
36569	$635.33
36570	$2,653.45
36571	$2,656.85
36575	$334.99
36576	$701.92
36578	$1,007.02
36580	$573.50
36581	$1,571.00
36582	$2,133.63
36583	$2,138.39
36584	$568.06
36585	$2,229.44
36589	$322.76
36590	$482.45
36595	$1,432.39
36596	$305.10
36597	$250.74
36600	$56.40
36620	$99.21
36625	$196.38
36640	$227.63
36660	$134.54
36680	$122.31
36800	$303.74
36810	$413.14
36815	$280.63
36818	$1,320.27
36819	$1,513.25
36820	$1,513.93
36821	$1,004.30
36822	$715.51
36823	$2,253.22
36825	$1,101.47
36830	$1,280.86
36831	$884.03
36832	$1,130.01
36833	$1,275.42
36834	$1,091.96
36835	$845.30
36838	$2,240.31
36860	$266.36
36861	$290.15
36870	$3,975.75
37140	$2,448.24
37145	$2,626.27
37160	$2,283.12

CPT CODE	MAXIMUM FEE
37180	$2,593.65
37181	$2,786.63
37182	$1,632.84
37183	$780.07
37195	$474.97
37200	$429.44
37201	$536.13
37202	$622.42
37203	$2,598.41
37204	$1,734.08
37205	$858.21
37206	$398.87
37207	$853.45
37208	$412.46
37209	$215.40
37215	$1,963.08
37216	$1,891.05
37250	$207.93
37251	$159.00
37500	$1,315.51
37501	BR
37565	$1,210.19
37600	$1,309.40
37605	$1,490.14
37606	$819.48
37607	$716.19
37609	$534.77
37615	$715.51
37616	$1,823.78
37617	$2,319.13
37618	$618.35
37620	$1,167.38
37650	$913.93
37660	$2,207.02
37700	$477.69
37720	$688.33
37730	$855.49
37735	$1,188.45
37760	$1,167.38
37765	$845.30
37766	$1,025.37
37780	$489.92
37785	$647.56
37788	$2,262.06
37790	$903.06
37799	BR
38100	$1,530.91
38101	$1,615.17
38102	$479.05
38115	$1,660.70
38120	$1,804.75

CPT CODE	MAXIMUM FEE
38129	BR
38200	$251.42
38204	BR
38205	$152.21
38206	$152.21
38207	$112.12
38208	$122.31
38209	$107.36
38210	$116.87
38211	$116.87
38212	$116.87
38213	$116.87
38214	$97.85
38215	$116.87
38220	$330.24
38221	$364.89
38230	$558.55
38240	$230.35
38241	$232.39
38242	$175.99
38300	$443.71
38305	$766.48
38308	$749.49
38380	$946.54
38381	$1,465.68
38382	$1,167.38
38500	$537.48
38505	$222.88
38510	$862.97
38520	$784.82
38525	$689.69
38530	$914.61
38542	$747.45
38550	$794.34
38555	$1,660.02
38562	$1,185.73
38564	$1,180.29
38570	$974.40
38571	$1,458.21
38572	$1,734.76
38589	BR
38700	$1,034.20
38720	$1,643.71
38724	$1,743.60
38740	$1,104.87
38745	$1,417.44
38746	$488.56
38747	$487.88
38760	$1,408.60
38765	$2,120.72
38770	$1,383.46

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
38780	$1,810.19
38790	$595.92
38792	$69.31
38794	$557.19
38999	BR
39000	$787.54
39010	$1,425.59
39200	$1,565.57
39220	$1,979.38
39400	$764.44
39499	BR
39501	$1,450.73
39502	$1,738.84
39503	$9,451.85
39520	$1,788.44
39530	$1,671.57
39531	$1,764.66
39540	$1,445.30
39541	$1,554.02
39545	$1,542.47
39560	$1,346.09
39561	$1,981.42
39599	BR
40490	$197.73
40500	$784.82
40510	$800.45
40520	$864.32
40525	$998.19
40527	$1,186.41
40530	$934.31
40650	$733.86
40652	$848.70
40654	$985.28
40700	$1,548.58
40701	$1,956.96
40702	$1,529.55
40720	$1,712.34
40761	$1,826.50
40799	BR
40800	$288.79
40801	$466.14
40804	$322.08
40805	$508.27
40806	$148.13
40808	$252.09
40810	$293.54
40812	$428.76
40814	$595.24
40816	$627.86
40818	$529.33
40819	$459.34

CPT CODE	MAXIMUM FEE
40820	$361.49
40830	$385.28
40831	$503.51
40840	$1,328.42
40842	$1,349.49
40843	$1,726.61
40844	$2,291.27
40845	$2,554.92
40899	BR
41000	$253.45
41005	$320.04
41006	$569.42
41007	$580.97
41008	$574.86
41009	$612.23
41010	$309.85
41015	$666.59
41016	$692.41
41017	$694.45
41018	$807.25
41100	$285.39
41105	$261.61
41108	$218.80
41110	$313.93
41112	$508.95
41113	$561.95
41114	$1,119.82
41115	$354.02
41116	$477.01
41120	$1,759.91
41130	$1,922.31
41135	$3,278.59
41140	$3,694.44
41145	$4,289.68
41150	$3,379.15
41153	$3,453.22
41155	$3,866.36
41250	$328.88
41251	$391.39
41252	$485.84
41500	$778.03
41510	$784.14
41520	$517.78
41599	BR
41800	$263.65
41805	$274.52
41806	$450.51
41820	$402.26
41821	$91.05
41822	$442.35
41823	$633.29

CPT CODE	MAXIMUM FEE
41825	$307.13
41826	$342.47
41827	$629.90
41828	$498.07
41830	$593.88
41850	$201.13
41870	$502.83
41872	$537.48
41874	$568.74
41899	BR
42000	$265.68
42100	$239.18
42104	$294.90
42106	$378.48
42107	$719.59
42120	$1,255.04
42140	$371.69
42145	$1,099.43
42160	$422.65
42180	$392.75
42182	$549.72
42200	$1,594.11
42205	$1,691.96
42210	$1,908.04
42215	$1,303.28
42220	$985.95
42225	$1,867.27
42226	$1,746.32
42227	$1,768.74
42235	$1,388.90
42260	$1,442.58
42280	$250.74
42281	$321.40
42299	BR
42300	$333.63
42305	$768.51
42310	$268.40
42320	$396.15
42325	$517.78
42326	$676.78
42330	$376.44
42335	$578.25
42340	$751.53
42400	$169.20
42405	$514.38
42408	$739.98
42409	$516.42
42410	$1,118.46
42415	$1,982.78
42420	$2,283.12
42425	$1,545.18

CPT CODE	MAXIMUM FEE
42426	$2,452.32
42440	$839.18
42450	$742.69
42500	$705.32
42505	$941.11
42507	$891.50
42508	$1,255.04
42509	$1,538.39
42510	$1,127.29
42550	$307.81
42600	$803.17
42650	$131.82
42660	$174.63
42665	$470.89
42699	BR
42700	$298.98
42720	$727.74
42725	$1,350.85
42800	$250.06
42802	$436.92
42804	$345.19
42806	$392.75
42808	$379.16
42809	$292.19
42810	$629.22
42815	$957.42
42820	$509.63
42821	$552.43
42825	$464.10
42826	$453.91
42830	$362.17
42831	$392.07
42835	$337.71
42836	$434.88
42842	$1,390.26
42844	$2,154.69
42845	$3,362.85
42860	$326.16
42870	$978.48
42890	$1,913.47
42892	$2,332.72
42894	$3,178.70
42900	$640.77
42950	$1,405.21
42953	$1,846.88
42955	$1,280.86
42960	$305.10
42961	$747.45
42962	$926.16
42970	$678.82
42971	$803.85

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
42972	$918.00
42999	BR
43020	$976.44
43030	$942.47
43045	$2,266.13
43100	$1,108.94
43101	$1,789.12
43107	$4,295.80
43108	$3,553.11
43112	$4,651.18
43113	$3,717.54
43116	$3,457.30
43117	$4,231.93
43118	$3,465.45
43121	$3,171.91
43122	$4,252.31
43123	$3,493.31
43124	$2,991.84
43130	$1,390.94
43135	$1,796.60
43200	$397.51
43201	$467.50
43202	$515.74
43204	$379.16
43205	$379.16
43215	$273.84
43216	$248.70
43217	$686.97
43219	$298.30
43220	$220.16
43226	$241.90
43227	$361.49
43228	$383.92
43231	$322.08
43232	$449.83
43234	$510.30
43235	$526.61
43236	$648.24
43237	$408.38
43238	$504.19
43239	$597.96
43240	$680.18
43241	$265.01
43242	$717.55
43243	$455.27
43244	$500.79
43245	$322.08
43246	$431.48
43247	$341.11
43248	$319.37
43249	$294.22

CPT CODE	MAXIMUM FEE
43250	$324.12
43251	$371.01
43255	$479.05
43256	$434.20
43257	$547.68
43258	$452.55
43259	$512.34
43260	$589.13
43261	$619.02
43262	$727.07
43263	$718.91
43264	$873.16
43265	$979.84
43267	$727.74
43268	$733.86
43269	$807.25
43271	$727.07
43272	$727.74
43280	$1,816.98
43289	BR
43300	$1,125.93
43305	$2,013.36
43310	$2,704.41
43312	$3,005.43
43313	$4,717.09
43314	$5,160.80
43320	$2,149.26
43324	$2,175.76
43325	$2,133.63
43326	$2,159.45
43330	$2,096.26
43331	$2,222.64
43340	$2,105.77
43341	$2,290.59
43350	$1,740.20
43351	$2,075.87
43352	$1,738.84
43360	$3,774.62
43361	$4,195.91
43400	$2,209.05
43401	$2,347.67
43405	$2,196.14
43410	$1,551.30
43415	$2,724.12
43420	$1,574.40
43425	$2,302.83
43450	$279.95
43453	$521.86
43456	$1,121.85
43458	$676.10
43460	$380.52

CPT CODE	MAXIMUM FEE
43496	BR
43499	BR
43500	$1,183.01
43501	$2,101.69
43502	$2,419.70
43510	$1,433.75
43520	$1,124.57
43600	$184.14
43605	$1,278.14
43610	$1,537.03
43611	$1,881.54
43620	$3,104.64
43621	$3,169.87
43622	$3,350.61
43631	$2,354.47
43632	$2,354.47
43633	$2,406.11
43634	$2,613.36
43635	$205.89
43638	$3,029.89
43639	$3,067.26
43640	$1,797.96
43641	$1,819.70
43644	$2,865.45
43645	$3,090.37
43651	$1,102.15
43652	$1,319.59
43653	$876.56
43659	BR
43750	$482.45
43752	$75.42
43760	$222.20
43761	$225.59
43800	$1,450.05
43810	$1,543.14
43820	$1,613.81
43825	$2,019.47
43830	$1,057.30
43831	$905.77
43832	$1,654.58
43840	$1,652.54
43842	$1,946.77
43843	$1,957.64
43845	$3,357.41
43846	$2,525.02
43847	$2,804.98
43848	$3,057.07
43850	$2,559.68
43855	$2,709.17
43860	$2,593.65
43865	$2,746.54

CPT CODE	MAXIMUM FEE
43870	$1,047.79
43880	$2,560.36
43999	BR
44005	$1,698.75
44010	$1,327.74
44015	$260.93
44020	$1,473.84
44021	$1,481.99
44025	$1,499.66
44050	$1,479.27
44055	$2,276.33
44100	$196.38
44110	$1,258.43
44111	$1,508.49
44120	$1,782.33
44121	$443.71
44125	$1,833.97
44126	$3,684.25
44127	$4,236.68
44128	$447.11
44130	$1,530.23
44132	BR
44133	BR
44135	BR
44136	BR
44137	BR
44139	$222.20
44140	$2,193.43
44141	$2,175.08
44143	$2,486.29
44144	$2,302.15
44145	$2,746.54
44146	$2,970.77
44147	$2,165.57
44150	$2,645.29
44151	$2,967.38
44152	$2,911.66
44153	$3,290.82
44155	$3,014.26
44156	$3,377.79
44160	$1,947.45
44200	$1,526.16
44201	$1,066.82
44202	$2,292.63
44203	$442.35
44204	$2,586.18
44205	$2,293.31
44206	$2,828.08
44207	$3,062.51
44208	$3,324.11
44210	$2,936.80

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
44211	$3,652.99
44212	$3,383.23
44238	BR
44239	BR
44300	$1,299.88
44310	$1,669.53
44312	$878.59
44314	$1,583.91
44316	$2,171.68
44320	$1,867.95
44322	$1,498.98
44340	$879.95
44345	$1,646.43
44346	$1,795.92
44360	$263.65
44361	$290.83
44363	$349.26
44364	$373.05
44365	$333.63
44366	$438.28
44369	$446.43
44370	$484.48
44372	$440.32
44373	$351.98
44376	$523.22
44377	$547.00
44378	$702.60
44379	$746.77
44380	$114.16
44382	$137.26
44383	$301.02
44385	$361.49
44386	$608.15
44388	$554.47
44389	$680.86
44390	$764.44
44391	$908.49
44392	$729.10
44393	$825.59
44394	$856.85
44397	$467.50
44500	$46.21
44602	$1,661.38
44603	$1,921.63
44604	$1,664.78
44605	$2,063.64
44615	$1,670.89
44620	$1,291.73
44625	$1,573.72
44626	$2,605.88
44640	$2,236.23

CPT CODE	MAXIMUM FEE
44650	$2,327.97
44660	$2,160.13
44661	$2,521.62
44680	$1,611.09
44700	$1,668.17
44701	$307.81
44715	BR
44720	$481.09
44721	$703.96
44799	BR
44800	$1,223.78
44820	$1,296.49
44850	$1,161.27
44899	BR
44900	$1,094.00
44901	$2,139.75
44950	$1,060.02
44955	$153.57
44960	$1,308.72
44970	$944.51
44979	BR
45000	$542.24
45005	$426.73
45020	$578.93
45100	$438.28
45108	$550.40
45110	$2,967.38
45111	$1,743.60
45112	$3,100.56
45113	$3,159.00
45114	$2,817.21
45116	$2,546.09
45119	$3,163.07
45120	$2,550.84
45121	$2,807.01
45123	$1,723.21
45126	$4,658.65
45130	$1,694.67
45135	$2,038.50
45136	$2,886.52
45150	$625.82
45160	$1,603.62
45170	$1,225.82
45190	$1,049.15
45300	$132.50
45303	$1,302.60
45305	$254.81
45307	$277.24
45308	$197.73
45309	$342.47
45315	$299.66

CPT CODE	MAXIMUM FEE
45317	$277.24
45320	$315.97
45321	$126.39
45327	$169.88
45330	$224.91
45331	$292.86
45332	$472.25
45333	$462.74
45334	$277.24
45335	$324.80
45337	$242.58
45338	$525.93
45339	$466.14
45340	$557.87
45341	$262.97
45342	$400.23
45345	$292.86
45355	$356.06
45378	$688.33
45379	$865.00
45380	$813.36
45381	$789.58
45382	$1,090.60
45383	$968.97
45384	$806.57
45385	$918.68
45386	$1,179.61
45387	$591.84
45391	$508.27
45392	$641.45
45500	$784.14
45505	$833.75
45520	$152.21
45540	$1,689.24
45541	$1,418.12
45550	$2,361.94
45560	$1,137.48
45562	$1,640.99
45563	$2,512.79
45800	$1,833.97
45805	$2,195.46
45820	$1,879.50
45825	$2,264.09
45900	$299.66
45905	$271.80
45910	$322.76
45915	$527.29
45999	BR
46020	$376.44
46030	$184.14
46040	$750.17

CPT CODE	MAXIMUM FEE
46045	$525.25
46050	$262.29
46060	$650.96
46070	$332.28
46080	$349.94
46083	$276.56
46200	$519.14
46210	$549.72
46211	$686.97
46220	$273.16
46221	$332.96
46230	$402.94
46250	$655.72
46255	$746.09
46257	$604.08
46258	$657.08
46260	$699.21
46261	$778.71
46262	$818.12
46270	$622.42
46275	$659.12
46280	$671.35
46285	$561.95
46288	$786.86
46320	$265.68
46500	$263.65
46600	$143.37
46604	$716.87
46606	$318.01
46608	$412.46
46610	$373.73
46611	$362.17
46612	$529.33
46614	$307.81
46615	$372.37
46700	$968.29
46705	$779.39
46706	$265.68
46715	$793.66
46716	$1,670.89
46730	$2,798.18
46735	$3,318.68
46740	$3,097.16
46742	$3,825.59
46744	$5,435.32
46746	$6,175.98
46748	$6,188.89
46750	$1,112.34
46751	$1,026.72
46753	$887.43
46754	$406.34

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
46760	$1,566.25
46761	$1,442.58
46762	$1,320.27
46900	$316.65
46910	$335.67
46916	$347.90
46917	$760.36
46922	$362.85
46924	$795.02
46934	$603.40
46935	$415.85
46936	$604.08
46937	$380.52
46938	$626.50
46940	$307.81
46942	$275.88
46945	$359.46
46946	$445.75
46947	$588.45
46999	BR
47000	$345.87
47001	$189.58
47010	$1,776.89
47011	$347.90
47015	$1,655.26
47100	$1,303.28
47120	$3,746.08
47122	$5,679.94
47125	$5,081.98
47130	$5,503.27
47133	BR
47135	$8,327.27
47136	$7,057.97
47140	$5,593.64
47141	$6,756.27
47142	$7,439.17
47143	BR
47144	BR
47145	BR
47146	$603.40
47147	$703.96
47300	$1,644.39
47350	$2,099.66
47360	$2,837.59
47361	$4,848.23
47362	$2,009.96
47370	$2,055.49
47371	$2,064.32
47379	BR
47380	$2,385.05
47381	$2,421.06

CPT CODE	MAXIMUM FEE
47382	$1,509.17
47399	BR
47400	$3,328.19
47420	$2,119.36
47425	$2,118.00
47460	$1,934.54
47480	$1,229.22
47490	$898.30
47500	$184.82
47505	$72.03
47510	$904.41
47511	$1,100.11
47525	$1,424.23
47530	$2,717.32
47550	$301.02
47552	$600.00
47553	$597.96
47554	$907.13
47555	$710.76
47556	$804.53
47560	$488.56
47561	$524.57
47562	$1,188.45
47563	$1,275.42
47564	$1,495.58
47570	$1,328.42
47579	BR
47600	$1,457.53
47605	$1,568.29
47610	$1,981.42
47612	$1,975.99
47620	$2,162.17
47630	$994.11
47700	$1,700.11
47701	$2,913.70
47711	$2,440.76
47712	$3,156.96
47715	$2,014.04
47716	$1,790.48
47720	$1,727.97
47721	$2,046.65
47740	$1,981.42
47741	$2,268.85
47760	$2,718.68
47765	$2,640.54
47780	$2,791.39
47785	$3,262.28
47800	$2,465.91
47801	$1,661.38
47802	$2,309.62
47900	$2,130.23

CPT CODE	MAXIMUM FEE
47999	BR
48000	$2,914.38
48001	$3,659.79
48005	$4,355.60
48020	$1,703.51
48100	$1,314.83
48102	$877.23
48120	$1,680.40
48140	$2,405.43
48145	$2,510.07
48146	$2,838.95
48148	$1,842.80
48150	$5,003.84
48152	$4,595.46
48153	$5,001.12
48154	$4,621.28
48155	$2,680.63
48160	$4,679.72
48180	$2,584.82
48400	$186.18
48500	$1,670.21
48510	$1,596.83
48511	$1,706.90
48520	$1,649.83
48540	$2,060.24
48545	$1,932.50
48547	$2,690.14
48550	BR
48551	BR
48552	$412.46
48554	$3,839.18
48556	$1,749.71
48999	BR
49000	$1,257.75
49002	$1,142.92
49010	$1,335.90
49020	$2,428.53
49021	$1,672.93
49040	$1,465.00
49041	$1,613.13
49060	$1,699.43
49061	$1,598.86
49062	$1,233.97
49080	$368.29
49081	$267.04
49085	$1,301.92
49180	$335.67
49200	$1,117.78
49201	$1,604.30
49215	$3,515.05
49220	$1,587.31

CPT CODE	MAXIMUM FEE
49250	$928.88
49255	$1,231.25
49320	$567.38
49321	$592.52
49322	$638.05
49323	$1,028.76
49329	BR
49400	$346.55
49419	$747.45
49420	$239.18
49421	$637.37
49422	$674.06
49423	$1,061.38
49424	$307.13
49425	$1,253.00
49426	$1,062.06
49427	$85.62
49428	$731.82
49429	$802.49
49491	$1,193.20
49492	$1,487.43
49495	$649.60
49496	$959.45
49500	$631.26
49501	$961.49
49505	$838.50
49507	$1,036.92
49520	$1,040.99
49521	$1,273.38
49525	$933.63
49540	$1,119.14
49550	$942.47
49553	$1,024.01
49555	$982.56
49557	$1,193.88
49560	$1,236.01
49561	$1,503.73
49565	$1,241.45
49566	$1,520.04
49568	$488.56
49570	$650.96
49572	$751.53
49580	$488.56
49582	$746.09
49585	$701.24
49587	$833.07
49590	$932.27
49600	$1,194.56
49605	$7,724.56
49606	$1,948.13
49610	$1,137.48

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
49611	$1,132.05
49650	$704.64
49651	$910.53
49659	BR
49900	$1,361.04
49904	$2,569.19
49905	$652.32
49906	BR
49999	BR
50010	$1,162.62
50020	$1,607.70
50021	$1,713.70
50040	$1,548.58
50045	$1,582.56
50060	$1,933.18
50065	$1,930.46
50070	$2,033.74
50075	$2,513.47
50080	$1,494.90
50081	$2,178.48
50100	$1,757.87
50120	$1,621.97
50125	$1,691.28
50130	$1,742.24
50135	$1,922.31
50200	$277.24
50205	$1,195.92
50220	$1,748.35
50225	$2,027.63
50230	$2,187.99
50234	$2,228.76
50236	$2,501.24
50240	$2,212.45
50280	$1,598.18
50290	$1,532.27
50300	BR
50320	$2,391.16
50323	BR
50325	BR
50327	$383.24
50328	$335.67
50329	$320.72
50340	$1,376.67
50360	$3,447.10
50365	$4,031.47
50370	$1,528.20
50380	$2,389.12
50390	$184.82
50391	$250.06
50392	$346.55
50393	$419.93

CPT CODE	MAXIMUM FEE
50394	$237.15
50395	$345.19
50396	$224.24
50398	$1,213.59
50400	$1,952.88
50405	$2,355.83
50500	$2,033.06
50520	$1,774.17
50525	$2,245.75
50526	$2,431.25
50540	$2,009.28
50541	$1,604.30
50542	$2,003.85
50543	$2,547.45
50544	$2,205.66
50545	$2,370.10
50546	$2,063.64
50547	$2,670.44
50548	$2,396.60
50549	BR
50551	$689.01
50553	$729.10
50555	$801.13
50557	$792.30
50561	$896.94
50562	$1,085.16
50570	$911.89
50572	$996.83
50574	$1,055.26
50575	$1,331.14
50576	$1,047.11
50580	$1,133.41
50590	$1,503.05
50600	$1,609.74
50605	$1,605.66
50610	$1,647.11
50620	$1,532.95
50630	$1,515.29
50650	$1,757.19
50660	$1,963.76
50684	$392.75
50686	$343.83
50688	$156.29
50690	$207.25
50700	$1,602.26
50715	$2,018.79
50722	$1,767.38
50725	$1,903.28
50727	$887.43
50728	$1,261.15
50740	$1,908.04

CPT CODE	MAXIMUM FEE
50750	$1,959.68
50760	$1,878.14
50770	$1,965.79
50780	$1,864.55
50782	$2,028.31
50783	$2,086.07
50785	$2,061.60
50800	$1,505.77
50810	$2,133.63
50815	$2,034.42
50820	$2,199.54
50825	$2,809.05
50830	$3,107.35
50840	$2,031.71
50845	$2,125.48
50860	$1,579.84
50900	$1,420.16
50920	$1,486.75
50930	$1,897.84
50940	$1,504.41
50945	$1,723.21
50947	$2,465.23
50948	$2,231.48
50949	BR
50951	$716.19
50953	$752.21
50955	$926.16
50957	$803.85
50961	$734.54
50970	$686.97
50972	$668.63
50974	$876.56
50976	$865.68
50980	$659.79
51000	$188.90
51005	$395.47
51010	$638.73
51020	$750.17
51030	$768.51
51040	$507.59
51045	$763.08
51050	$750.17
51060	$947.90
51065	$939.75
51080	$674.74
51500	$1,097.39
51520	$994.79
51525	$1,432.39
51530	$1,301.92
51535	$1,349.49
51550	$1,610.42

CPT CODE	MAXIMUM FEE
51555	$2,145.18
51565	$2,187.99
51570	$2,430.57
51575	$3,029.21
51580	$3,107.35
51585	$3,489.23
51590	$3,229.66
51595	$3,657.07
51596	$3,904.41
51597	$3,801.12
51600	$407.02
51605	$457.30
51610	$231.03
51700	$173.27
51701	$144.05
51702	$178.03
51703	$292.86
51705	$228.31
51710	$334.99
51715	$538.16
51720	$260.93
51725	$493.32
51726	$638.05
51736	$84.94
51741	$138.62
51772	$501.47
51784	$385.28
51785	$415.85
51792	$495.36
51795	$614.27
51797	$513.02
51798	$28.54
51800	$1,787.09
51820	$1,893.77
51840	$1,176.89
51841	$1,402.49
51845	$1,036.92
51860	$1,284.93
51865	$1,559.45
51880	$837.14
51900	$1,373.95
51920	$1,263.87
51925	$1,779.61
51940	$2,893.31
51960	$2,327.97
51980	$1,193.88
51990	$1,360.36
51992	$1,467.04
52000	$370.33
52001	$740.66
52005	$550.40

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
52007	$1,337.26
52010	$950.62
52204	$1,158.55
52214	$2,857.98
52224	$2,705.09
52234	$449.15
52235	$527.29
52240	$930.92
52250	$438.96
52260	$381.20
52265	$1,121.18
52270	$994.11
52275	$1,397.73
52276	$483.80
52277	$599.32
52281	$685.62
52282	$617.67
52283	$538.84
52285	$534.77
52290	$445.07
52300	$515.06
52301	$539.52
52305	$511.66
52310	$523.22
52315	$966.93
52317	$2,455.03
52318	$877.91
52320	$452.55
52325	$591.17
52327	$2,539.29
52330	$3,004.07
52332	$596.60
52334	$468.18
52341	$586.41
52342	$631.26
52343	$699.21
52344	$749.49
52345	$796.37
52346	$894.90
52351	$571.46
52352	$669.99
52353	$773.27
52354	$714.83
52355	$854.81
52400	$957.42
52402	$500.79
52450	$804.53
52500	$881.99
52510	$699.89
52601	$1,244.84
52606	$832.39

CPT CODE	MAXIMUM FEE
52612	$833.75
52614	$723.67
52620	$682.90
52630	$744.05
52640	$682.22
52647	$5,776.43
52648	$1,139.52
52700	$710.08
53000	$270.44
53010	$461.38
53020	$332.96
53025	$335.67
53040	$699.21
53060	$338.39
53080	$866.36
53085	$1,261.15
53200	$279.95
53210	$1,312.11
53215	$1,582.56
53220	$763.08
53230	$1,019.93
53235	$1,070.21
53240	$712.80
53250	$656.40
53260	$372.37
53265	$412.46
53270	$379.84
53275	$482.45
53400	$1,343.37
53405	$1,485.39
53410	$1,675.65
53415	$1,908.72
53420	$1,450.73
53425	$1,628.76
53430	$1,665.45
53431	$1,995.01
53440	$1,395.69
53442	$1,210.19
53444	$1,371.91
53445	$1,503.05
53446	$1,097.39
53447	$1,416.08
53448	$2,152.66
53449	$1,026.05
53450	$669.31
53460	$769.19
53500	$1,311.44
53502	$831.03
53505	$816.76
53510	$1,088.56
53515	$1,376.67

CPT CODE	MAXIMUM FEE
53520	$935.67
53600	$165.80
53601	$157.64
53605	$120.95
53620	$253.45
53621	$239.18
53660	$140.66
53661	$140.66
53665	$72.71
53850	$7,078.35
53852	$6,750.15
53853	$4,140.87
53899	BR
54000	$309.85
54001	$375.76
54015	$559.91
54050	$202.49
54055	$195.02
54056	$203.17
54057	$240.54
54060	$351.30
54065	$352.66
54100	$326.84
54105	$544.96
54110	$1,060.02
54111	$1,378.03
54112	$1,613.81
54115	$744.73
54120	$1,040.31
54125	$1,380.06
54130	$2,024.23
54135	$2,605.20
54150	$429.44
54152	$251.42
54160	$462.74
54161	$344.51
54162	$534.77
54163	$354.70
54164	$307.13
54200	$199.09
54205	$894.22
54220	$437.60
54230	$170.55
54231	$242.58
54235	$152.21
54240	$169.88
54250	$224.91
54300	$1,135.44
54304	$1,335.90
54308	$1,263.87
54312	$1,478.59

CPT CODE	MAXIMUM FEE
54316	$1,762.62
54318	$1,250.28
54322	$1,383.46
54324	$1,723.89
54326	$1,670.21
54328	$1,619.93
54332	$1,764.66
54336	$2,207.02
54340	$989.35
54344	$1,711.66
54348	$1,813.59
54352	$2,588.22
54360	$1,276.10
54380	$1,405.89
54385	$1,663.42
54390	$2,209.73
54400	$948.58
54401	$1,135.44
54405	$1,377.35
54406	$1,246.88
54408	$1,315.51
54410	$1,575.76
54411	$1,639.63
54415	$880.63
54416	$1,153.79
54417	$1,449.37
54420	$1,206.79
54430	$1,083.80
54435	$690.37
54440	$1,036.24
54450	$146.09
54500	$136.58
54505	$382.56
54512	$908.49
54520	$577.58
54522	$1,035.56
54530	$914.61
54535	$1,267.27
54550	$826.27
54560	$1,166.02
54600	$751.53
54620	$522.54
54640	$764.44
54650	$1,221.06
54660	$579.61
54670	$706.00
54680	$1,354.24
54690	$1,147.00
54692	$1,330.46
54699	BR
54700	$382.56

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
54800	$237.83
54820	$574.86
54830	$597.28
54840	$566.70
54860	$683.58
54861	$939.07
54900	$1,351.53
54901	$1,850.28
55000	$244.62
55040	$589.13
55041	$835.11
55060	$614.27
55100	$405.66
55110	$627.86
55120	$571.46
55150	$788.90
55175	$585.73
55180	$1,151.75
55200	$1,145.64
55250	$1,020.61
55300	$343.83
55400	$894.90
55450	$773.95
55500	$626.50
55520	$679.50
55530	$618.35
55535	$708.72
55540	$841.90
55550	$708.04
55559	BR
55600	$701.24
55605	$874.52
55650	$1,223.10
55680	$585.05
55700	$398.87
55705	$487.88
55720	$841.22
55725	$941.11
55801	$1,814.94
55810	$2,246.43
55812	$2,749.26
55815	$3,019.70
55821	$1,456.17
55831	$1,586.63
55840	$2,278.36
55842	$2,436.69
55845	$2,815.85
55859	$1,304.64
55860	$1,484.03
55862	$1,880.18
55865	$2,289.24

CPT CODE	MAXIMUM FEE
55866	$3,026.49
55870	$290.15
55873	$2,020.83
55899	BR
55970	BR
55980	BR
56405	$199.77
56420	$259.57
56440	$332.28
56441	$270.44
56501	$236.47
56515	$381.88
56605	$156.29
56606	$75.42
56620	$892.86
56625	$998.87
56630	$1,402.49
56631	$1,827.86
56632	$2,181.20
56633	$1,832.61
56634	$1,998.41
56637	$2,414.94
56640	$2,415.62
56700	$315.97
56720	$86.30
56740	$520.50
56800	$442.35
56805	$2,063.64
56810	$468.18
56820	$203.17
56821	$274.52
57000	$339.75
57010	$713.48
57020	$177.35
57022	$292.86
57023	$534.09
57061	$207.25
57065	$354.02
57100	$164.44
57105	$250.06
57106	$765.12
57107	$2,451.64
57109	$2,809.05
57110	$1,578.48
57111	$2,903.50
57112	$2,995.92
57120	$874.52
57130	$330.92
57135	$356.06
57150	$116.19
57155	$764.44

CPT CODE	MAXIMUM FEE
57160	$135.90
57170	$169.88
57180	$266.36
57200	$494.00
57210	$625.14
57220	$536.81
57230	$650.96
57240	$712.80
57250	$661.83
57260	$955.38
57265	$1,268.63
57267	$508.95
57268	$796.37
57270	$1,341.33
57280	$1,633.52
57282	$841.22
57283	$1,207.47
57284	$1,442.58
57287	$1,159.91
57288	$1,360.36
57289	$1,277.46
57291	$937.03
57292	$1,465.00
57300	$865.68
57305	$1,474.52
57307	$1,686.52
57308	$1,097.39
57310	$756.96
57311	$865.00
57320	$886.07
57330	$1,297.17
57335	$2,012.00
57400	$246.66
57410	$267.04
57415	$260.25
57420	$212.68
57421	$292.19
57425	$1,637.60
57452	$200.45
57454	$288.79
57455	$268.40
57456	$252.77
57460	$612.23
57461	$675.42
57500	$245.98
57505	$185.50
57510	$250.06
57511	$267.72
57513	$261.61
57520	$573.50
57522	$468.86

CPT CODE	MAXIMUM FEE
57530	$593.88
57531	$3,019.02
57540	$1,352.88
57545	$1,439.86
57550	$679.50
57555	$1,025.37
57556	$960.81
57700	$479.05
57720	$523.22
57800	$110.08
57820	$226.95
58100	$205.89
58120	$404.98
58140	$1,594.11
58145	$936.35
58146	$2,054.81
58150	$1,665.45
58152	$2,230.80
58180	$1,655.26
58200	$2,313.02
58210	$3,078.14
58240	$4,083.12
58260	$1,440.54
58262	$1,624.01
58263	$1,755.83
58267	$1,863.19
58270	$1,562.85
58275	$1,723.89
58280	$1,849.60
58285	$2,368.06
58290	$2,063.64
58291	$2,249.82
58292	$2,383.69
58293	$2,475.42
58294	$2,182.55
58300	$173.27
58301	$186.18
58321	$147.45
58322	$165.12
58323	$53.68
58340	$280.63
58345	$508.95
58346	$763.76
58350	$178.03
58353	$2,692.86
58356	$952.66
58400	$748.81
58410	$1,399.09
58520	$1,318.23
58540	$1,585.27
58545	$1,598.18

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
58546	$2,049.37
58550	$1,573.72
58552	$1,745.64
58553	$2,050.05
58554	$2,351.07
58555	$402.26
58558	$508.27
58559	$653.68
58560	$740.66
58561	$1,050.51
58562	$555.15
58563	$4,286.97
58565	$3,925.47
58578	BR
58579	BR
58600	$650.28
58605	$590.49
58611	$148.81
58615	$479.73
58660	$1,216.31
58661	$1,187.77
58662	$1,289.01
58670	$647.56
58671	$647.56
58672	$1,401.13
58673	$1,491.50
58679	BR
58700	$1,325.70
58720	$1,255.72
58740	$1,547.90
58750	$1,631.48
58752	$1,599.54
58760	$1,467.72
58770	$1,533.63
58800	$556.51
58805	$681.54
58820	$544.96
58822	$1,119.14
58823	$1,694.67
58825	$1,227.86
58900	$695.13
58920	$1,244.84
58925	$1,250.96
58940	$833.75
58943	$1,986.86
58950	$1,855.71
58951	$2,404.07
58952	$2,696.26
58953	$3,413.81
58954	$3,720.94
58956	$2,383.01

CPT CODE	MAXIMUM FEE
58960	$1,613.13
58970	$424.69
58974	$254.81
58976	$473.61
58999	BR
59000	$250.06
59001	$347.90
59012	$393.43
59015	$290.15
59020	$115.52
59025	$75.42
59030	$219.48
59050	$98.53
59051	$81.54
59070	$725.03
59072	$833.75
59074	$685.62
59076	$833.75
59100	$1,473.84
59120	$1,384.14
59121	$1,407.92
59130	$1,518.00
59135	$1,654.58
59136	$1,554.02
59140	$608.15
59150	$1,385.50
59151	$1,374.63
59160	$451.19
59200	$147.45
59300	$349.94
59320	$292.19
59325	$464.10
59350	$542.24
59400	$2,974.85
59409	$1,492.18
59410	$1,667.49
59412	$198.41
59414	$178.71
59425	$688.33
59426	$1,206.79
59430	$262.29
59510	$3,371.68
59514	$1,761.26
59515	$1,988.22
59525	$934.99
59610	$3,142.01
59612	$1,674.29
59614	$1,841.45
59618	$3,568.05
59620	$1,929.10
59622	$2,173.72

CPT CODE	MAXIMUM FEE
59812	$508.27
59820	$636.01
59821	$664.55
59830	$782.78
59840	$396.83
59841	$676.10
59850	$708.72
59851	$743.37
59852	$1,023.33
59855	$753.57
59856	$903.06
59857	$1,086.52
59866	$458.66
59870	$808.61
59871	$296.94
59897	BR
59898	BR
59899	BR
60000	$259.57
60001	$166.48
60100	$207.93
60200	$1,123.21
60210	$1,204.07
60212	$1,739.52
60220	$1,314.83
60225	$1,576.44
60240	$1,730.69
60252	$2,238.27
60254	$2,970.77
60260	$1,903.96
60270	$2,240.31
60271	$1,846.20
60280	$751.53
60281	$1,024.69
60500	$1,740.20
60502	$2,186.63
60505	$2,378.25
60512	$448.47
60520	$1,849.60
60521	$2,115.28
60522	$2,550.84
60540	$1,789.80
60545	$2,070.44
60600	$2,109.85
60605	$2,372.81
60650	$2,053.45
60659	BR
60699	BR
61000	$180.75
61001	$184.14
61020	$213.36

CPT CODE	MAXIMUM FEE
61026	$228.31
61050	$196.38
61055	$250.06
61070	$139.30
61105	$702.60
61107	$594.56
61108	$1,348.13
61120	$1,131.37
61140	$2,024.23
61150	$2,187.31
61151	$1,575.08
61154	$1,937.93
61156	$2,050.73
61210	$692.41
61215	$684.94
61250	$1,357.64
61253	$1,539.07
61304	$2,714.60
61305	$3,238.50
61312	$3,105.99
61313	$3,122.30
61314	$2,944.95
61315	$3,435.55
61316	$158.32
61320	$3,164.43
61321	$3,499.43
61322	$3,559.22
61323	$3,726.38
61330	$2,673.83
61332	$3,223.55
61333	$3,213.36
61334	$2,079.27
61340	$2,333.40
61343	$3,664.54
61345	$3,345.18
61440	$3,235.78
61450	$3,120.26
61458	$3,362.17
61460	$3,440.99
61470	$3,105.32
61480	$3,288.78
61490	$3,179.38
61500	$2,216.53
61501	$1,836.69
61510	$3,546.31
61512	$4,312.79
61514	$3,119.58
61516	$3,059.11
61517	$160.36
61518	$4,596.82
61519	$5,033.06

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
61520	$6,509.61
61521	$5,377.56
61522	$3,618.34
61524	$3,407.01
61526	$6,006.10
61530	$5,085.38
61531	$1,864.55
61533	$2,455.03
61534	$2,605.88
61535	$1,491.50
61536	$4,344.04
61537	$3,156.28
61538	$3,318.00
61539	$3,941.78
61540	$3,765.79
61541	$3,502.14
61542	$3,855.48
61543	$3,604.75
61544	$3,071.34
61545	$5,290.59
61546	$3,819.47
61548	$2,556.28
61550	$1,531.59
61552	$2,018.12
61556	$2,595.01
61557	$2,834.19
61558	$2,791.39
61559	$4,107.58
61563	$3,203.16
61564	$4,126.60
61566	$3,769.19
61567	$4,254.35
61570	$2,975.53
61571	$3,275.87
61575	$4,011.77
61576	$6,291.49
61580	$4,023.32
61581	$4,203.39
61582	$4,472.47
61583	$4,728.64
61584	$4,539.74
61585	$4,892.40
61586	$3,530.68
61590	$5,131.58
61591	$5,341.55
61592	$5,122.75
61595	$3,787.53
61596	$4,306.67
61597	$4,702.14
61598	$4,221.05
61600	$3,343.14

CPT CODE	MAXIMUM FEE
61601	$3,715.51
61605	$3,673.38
61606	$4,925.70
61607	$4,531.59
61608	$5,337.47
61609	$1,172.82
61610	$3,422.64
61611	$890.15
61612	$3,086.97
61613	$5,123.43
61615	$4,035.55
61616	$5,423.09
61618	$2,107.81
61619	$2,501.24
61623	$1,024.69
61624	$1,965.79
61626	$1,586.63
61680	$3,784.14
61682	$7,419.46
61684	$4,889.00
61686	$7,831.92
61690	$3,591.84
61692	$6,288.77
61697	$6,175.98
61698	$5,919.12
61700	$6,171.90
61702	$5,754.69
61703	$2,163.53
61705	$4,359.67
61708	$3,593.88
61710	$3,243.93
61711	$4,433.06
61720	$1,999.77
61735	$2,395.24
61750	$2,261.38
61751	$2,228.76
61760	$2,447.56
61770	$2,525.70
61790	$1,320.27
61791	$1,805.43
61793	$2,145.18
61795	$464.10
61850	$1,577.80
61860	$2,568.51
61863	$2,442.80
61864	$814.04
61867	$3,704.63
61868	$1,163.98
61870	$1,933.18
61875	$1,802.71
61880	$844.62

CPT CODE	MAXIMUM FEE
61885	$853.45
61886	$1,104.87
61888	$676.78
62000	$1,295.13
62005	$1,948.81
62010	$2,465.91
62100	$2,683.35
62115	$2,631.70
62116	$2,919.13
62117	$3,153.56
62120	$3,040.76
62121	$2,791.39
62140	$1,700.79
62141	$1,863.19
62142	$1,380.06
62143	$1,647.79
62145	$2,308.94
62146	$1,987.54
62147	$2,365.34
62148	$226.27
62160	$358.78
62161	$2,519.59
62162	$3,119.58
62163	$1,995.69
62164	$3,242.57
62165	$2,602.49
62180	$2,587.54
62190	$1,419.48
62192	$1,547.90
62194	$566.70
62200	$2,284.48
62201	$1,881.54
62220	$1,632.16
62223	$1,638.27
62225	$735.22
62230	$1,327.74
62252	$163.76
62256	$878.59
62258	$1,820.38
62263	$1,307.36
62264	$843.94
62268	$1,134.09
62269	$1,364.44
62270	$285.39
62272	$348.58
62273	$339.75
62280	$670.67
62281	$576.90
62282	$739.30
62284	$450.51
62287	$968.97

CPT CODE	MAXIMUM FEE
62290	$705.32
62291	$618.35
62292	$892.18
62294	$1,265.23
62310	$464.78
62311	$445.75
62318	$536.13
62319	$473.61
62350	$800.45
62351	$1,310.08
62355	$634.65
62360	$384.60
62361	$686.30
62362	$852.09
62365	$667.27
62367	$43.49
62368	$67.95
63001	$1,967.83
63003	$1,999.09
63005	$1,912.11
63011	$1,772.14
63012	$1,964.43
63015	$2,434.65
63016	$2,405.43
63017	$2,029.67
63020	$1,906.68
63030	$1,583.91
63035	$374.40
63040	$2,362.62
63042	$2,232.84
63043	$979.16
63044	$930.24
63045	$2,087.42
63046	$1,999.77
63047	$1,877.46
63048	$382.56
63050	$2,529.78
63051	$2,878.36
63055	$2,732.95
63056	$2,545.41
63057	$615.63
63064	$3,019.70
63066	$379.84
63075	$2,442.80
63076	$477.01
63077	$2,575.31
63078	$377.12
63081	$2,946.99
63082	$515.06
63085	$3,161.71
63086	$362.17

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
63087	$4,119.13
63088	$494.00
63090	$3,275.87
63091	$337.03
63101	$3,850.73
63102	$3,850.73
63103	$542.92
63170	$2,478.14
63172	$2,217.89
63173	$2,745.18
63180	$2,251.86
63182	$2,491.73
63185	$1,751.07
63190	$2,090.14
63191	$2,328.65
63194	$2,317.10
63195	$2,356.51
63196	$2,811.09
63197	$2,623.55
63198	$2,729.55
63199	$2,940.88
63200	$2,389.80
63250	$4,725.92
63251	$5,003.84
63252	$4,989.57
63265	$2,688.78
63266	$2,773.04
63267	$2,259.34
63268	$2,205.66
63270	$3,314.60
63271	$3,323.43
63272	$3,125.70
63273	$3,008.15
63275	$2,922.53
63276	$2,900.11
63277	$2,593.65
63278	$2,535.21
63280	$3,507.58
63281	$3,470.21
63282	$3,266.36
63283	$3,114.15
63285	$4,407.24
63286	$4,371.90
63287	$4,475.19
63290	$4,528.19
63295	$572.14
63300	$3,006.11
63301	$3,262.28
63302	$3,318.00
63303	$3,522.53
63304	$3,662.51

CPT CODE	MAXIMUM FEE
63305	$3,783.46
63306	$3,956.05
63307	$3,588.44
63308	$618.35
63600	$1,418.80
63610	$4,706.22
63615	$1,913.47
63650	$709.40
63655	$1,324.35
63660	$716.87
63685	$828.31
63688	$664.55
63700	$2,054.13
63702	$2,281.08
63704	$2,622.87
63706	$2,977.57
63707	$1,450.73
63709	$1,814.94
63710	$1,795.24
63740	$1,451.41
63741	$990.71
63744	$1,026.05
63746	$793.66
64400	$209.97
64402	$200.45
64405	$194.34
64408	$209.97
64410	$273.84
64412	$265.68
64413	$226.27
64415	$297.62
64416	$311.89
64417	$311.21
64418	$273.16
64420	$349.94
64421	$535.45
64425	$240.54
64430	$277.24
64435	$279.95
64445	$288.79
64446	$305.10
64447	$137.94
64448	$273.16
64449	$279.95
64450	$179.39
64470	$625.82
64472	$252.09
64475	$570.78
64476	$215.40
64479	$668.63
64480	$305.78

CPT CODE	MAXIMUM FEE
64483	$673.38
64484	$319.37
64505	$183.47
64508	$306.45
64510	$322.08
64517	$341.79
64520	$446.43
64530	$416.53
64550	$31.94
64553	$362.17
64555	$378.48
64560	$353.34
64561	$2,533.86
64565	$351.30
64573	$968.97
64575	$516.42
64577	$606.79
64580	$544.96
64581	$1,352.21
64585	$920.04
64590	$662.51
64595	$836.46
64600	$891.50
64605	$1,081.76
64610	$1,188.45
64612	$309.85
64613	$339.75
64614	$375.76
64620	$550.40
64622	$745.41
64623	$273.16
64626	$766.48
64627	$392.07
64630	$404.98
64640	$490.60
64680	$646.20
64681	$890.82
64702	$590.49
64704	$576.22
64708	$809.28
64712	$930.24
64713	$1,263.19
64714	$1,066.82
64716	$877.91
64718	$884.03
64719	$688.33
64721	$703.96
64722	$560.59
64726	$510.30
64727	$344.51
64732	$600.68

CPT CODE	MAXIMUM FEE
64734	$668.63
64736	$620.38
64738	$774.63
64740	$773.95
64742	$790.94
64744	$685.62
64746	$763.76
64752	$832.39
64755	$1,422.87
64760	$759.68
64761	$710.08
64763	$886.75
64766	$1,016.53
64771	$958.77
64772	$911.21
64774	$661.83
64776	$646.88
64778	$343.83
64782	$737.94
64783	$411.10
64784	$1,210.87
64786	$1,889.01
64787	$474.97
64788	$593.88
64790	$1,391.62
64792	$1,772.14
64795	$344.51
64802	$1,056.62
64804	$1,621.97
64809	$1,420.83
64818	$1,147.00
64820	$1,287.65
64821	$1,176.89
64822	$1,171.46
64823	$1,361.04
64831	$1,215.63
64832	$640.09
64834	$1,276.10
64835	$1,378.03
64836	$1,375.31
64837	$709.40
64840	$1,536.35
64856	$1,701.47
64857	$1,788.44
64858	$2,075.19
64859	$483.12
64861	$2,380.29
64862	$2,420.38
64864	$1,534.99
64865	$2,058.21
64866	$2,100.33

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
64868	$1,826.50
64870	$1,766.02
64872	$228.31
64874	$334.99
64876	$379.16
64885	$2,090.82
64886	$2,470.66
64890	$1,861.83
64891	$1,720.49
64892	$1,762.62
64893	$1,905.32
64895	$2,134.99
64896	$2,349.03
64897	$2,134.99
64898	$2,310.30
64901	$1,143.60
64902	$1,312.11
64905	$1,662.74
64907	$2,340.88
64999	BR
65091	$1,027.40
65093	$1,082.44
65101	$1,149.03
65103	$1,200.68
65105	$1,316.19
65110	$1,932.50
65112	$2,301.47
65114	$2,368.74
65125	$822.20
65130	$1,131.37
65135	$1,155.83
65140	$1,244.16
65150	$988.67
65155	$1,333.86
65175	$1,025.37
65205	$94.45
65210	$114.84
65220	$95.13
65222	$127.07
65235	$998.19
65260	$1,437.82
65265	$1,618.57
65270	$490.60
65272	$796.37
65273	$553.79
65275	$810.64
65280	$968.97
65285	$1,544.50
65286	$1,149.03
65290	$710.76
65400	$997.51

CPT CODE	MAXIMUM FEE
65410	$248.02
65420	$898.30
65426	$1,064.78
65430	$192.30
65435	$133.86
65436	$576.22
65450	$509.63
65600	$582.33
65710	$1,639.63
65730	$1,831.25
65750	$1,881.54
65755	$1,867.95
65760	$2,209.05
65765	$2,561.72
65767	$2,385.72
65770	$2,146.54
65771	$1,298.52
65772	$680.86
65775	$816.08
65780	$1,424.23
65781	$2,157.41
65782	$1,862.51
65800	$257.53
65805	$283.35
65810	$665.91
65815	$1,038.96
65820	$1,193.88
65850	$1,322.31
65855	$566.70
65860	$527.29
65865	$780.75
65870	$881.99
65875	$926.84
65880	$982.56
65900	$1,476.55
65920	$1,153.11
65930	$994.11
66020	$325.48
66030	$290.15
66130	$1,201.36
66150	$1,233.29
66155	$1,225.82
66160	$1,416.08
66165	$1,198.64
66170	$1,695.35
66172	$2,103.73
66180	$1,766.70
66185	$1,081.08
66220	$1,038.28
66225	$1,379.39
66250	$1,220.38

CPT CODE	MAXIMUM FEE
66500	$578.93
66505	$629.22
66600	$1,177.57
66605	$1,600.90
66625	$686.30
66630	$826.27
66635	$835.11
66680	$745.41
66682	$891.50
66700	$696.49
66710	$691.05
66711	$908.49
66720	$735.22
66740	$685.62
66761	$669.31
66762	$710.08
66770	$782.10
66820	$671.35
66821	$445.07
66825	$1,201.36
66830	$1,054.58
66840	$1,028.76
66850	$1,167.38
66852	$1,260.47
66920	$1,127.29
66930	$1,276.10
66940	$1,151.75
66982	$1,627.40
66983	$1,040.31
66984	$1,226.50
66985	$1,101.47
66986	$1,496.26
66990	$154.93
66999	BR
67005	$735.90
67010	$856.85
67015	$930.92
67025	$1,113.70
67027	$1,316.19
67028	$362.85
67030	$742.01
67031	$573.50
67036	$1,465.68
67038	$2,564.43
67039	$1,861.15
67040	$2,156.05
67101	$1,155.83
67105	$1,077.01
67107	$1,824.46
67108	$2,461.83
67110	$1,322.99

CPT CODE	MAXIMUM FEE
67112	$2,002.49
67115	$700.56
67120	$1,009.06
67121	$1,339.29
67141	$767.84
67145	$771.23
67208	$892.86
67210	$1,074.97
67218	$2,145.18
67220	$1,643.03
67221	$579.61
67225	$50.28
67227	$915.97
67228	$1,687.20
67250	$1,242.81
67255	$1,306.00
67299	BR
67311	$885.39
67312	$1,067.49
67314	$981.88
67316	$1,198.64
67318	$1,031.48
67320	$441.68
67331	$413.82
67332	$457.98
67334	$404.98
67335	$254.13
67340	$500.79
67343	$966.25
67345	$387.99
67350	$332.96
67399	BR
67400	$1,466.36
67405	$1,233.29
67412	$1,423.55
67413	$1,447.34
67414	$1,617.89
67415	$178.03
67420	$2,625.59
67430	$1,982.10
67440	$1,909.40
67445	$1,986.86
67450	$1,964.43
67500	$103.28
67505	$106.00
67515	$83.58
67550	$1,508.49
67560	$1,531.59
67570	$1,897.84
67599	BR
67700	$505.55

QUICK REFERENCE TABLE
SURGERY

CPT CODE	MAXIMUM FEE
67710	$437.60
67715	$451.87
67800	$208.61
67801	$267.04
67805	$329.56
67808	$527.97
67810	$331.60
67820	$103.96
67825	$216.08
67830	$497.39
67835	$710.76
67840	$517.10
67850	$349.26
67875	$321.40
67880	$720.27
67882	$880.63
67900	$1,057.98
67901	$874.52
67902	$878.59
67903	$1,113.70
67904	$1,106.91
67906	$856.85
67908	$818.12
67909	$932.95
67911	$703.28
67912	$1,690.60
67914	$694.45
67915	$633.97
67916	$927.52
67917	$1,007.70
67921	$663.19
67922	$619.70
67923	$972.36
67924	$1,020.61
67930	$646.88
67935	$1,027.40
67938	$460.70
67950	$1,005.66
67961	$998.19
67966	$1,091.28
67971	$1,195.24
67973	$1,556.73
67974	$1,549.26
67975	$1,125.93
67999	BR
68020	$193.66
68040	$108.72
68100	$317.33
68110	$404.98
68115	$573.50
68130	$943.15

CPT CODE	MAXIMUM FEE
68135	$254.13
68200	$71.35
68320	$1,149.71
68325	$973.72
68326	$946.54
68328	$1,087.20
68330	$983.92
68335	$945.86
68340	$899.66
68360	$857.53
68362	$957.42
68371	$683.58
68399	BR
68400	$521.86
68420	$585.05
68440	$208.61
68500	$1,445.98
68505	$1,504.41
68510	$826.95
68520	$1,041.67
68525	$453.23
68530	$816.76
68540	$1,398.41
68550	$1,724.57
68700	$877.91
68705	$430.12
68720	$1,175.54
68745	$1,154.47
68750	$1,181.65
68760	$364.21
68761	$251.42
68770	$716.19
68801	$199.09
68810	$385.28
68811	$332.96
68815	$789.58
68840	$197.73
68850	$116.87
68899	BR
69000	$302.38
69005	$354.70
69020	$379.84
69090	$52.32
69100	$173.95
69105	$221.52
69110	$711.44
69120	$720.27
69140	$1,488.78
69145	$585.73
69150	$1,906.68
69155	$2,873.61

CPT CODE	MAXIMUM FEE
69200	$218.12
69205	$180.75
69210	$87.66
69220	$221.52
69222	$364.89
69300	$767.16
69310	$1,896.48
69320	$2,729.55
69399	BR
69400	$207.93
69401	$130.46
69405	$431.48
69410	$167.16
69420	$311.89
69421	$274.52
69424	$210.65
69433	$322.08
69436	$301.70
69440	$1,151.07
69450	$886.07
69501	$1,279.50
69502	$1,695.35
69505	$2,122.76
69511	$2,178.48
69530	$2,874.96
69535	$4,818.33
69540	$342.47
69550	$1,816.30
69552	$2,831.48
69554	$4,507.12
69601	$1,830.57
69602	$1,895.13
69603	$2,277.00
69604	$1,957.64
69605	$2,779.16
69610	$701.92
69620	$1,187.09
69631	$1,484.71
69632	$1,850.96
69633	$1,774.17
69635	$2,115.96
69636	$2,428.53
69637	$2,414.94
69641	$1,801.35
69642	$2,341.56
69643	$2,130.91
69644	$2,630.34
69645	$2,562.39
69646	$2,730.23
69650	$1,382.10
69660	$1,632.16

CPT CODE	MAXIMUM FEE
69661	$2,153.34
69662	$2,067.04
69666	$1,392.98
69667	$1,394.33
69670	$1,638.95
69676	$1,431.03
69700	$1,231.93
69710	BR
69711	$1,497.62
69714	$1,886.97
69715	$2,359.22
69717	$2,060.92
69718	$2,510.75
69720	$2,042.58
69725	$3,254.13
69740	$2,080.63
69745	$2,226.72
69799	BR
69801	$1,270.67
69802	$1,797.96
69805	$1,821.06
69806	$1,656.62
69820	$1,524.80
69840	$1,644.39
69905	$1,593.43
69910	$1,806.79
69915	$2,672.47
69930	$2,234.88
69949	BR
69950	$3,177.34
69955	$3,454.58
69960	$3,343.14
69970	$3,795.01
69979	BR
69990	$413.14

QUICK REFERENCE TABLE
RADIOLOGY

CPT CODE	MAXIMUM FEE
70010	$390.90
70015	$195.13
70030	$42.94
70100	$49.89
70110	$63.15
70120	$57.47
70130	$82.10
70134	$78.94
70140	$58.10
70150	$74.52
70160	$49.26
70170	$89.67
70190	$59.99
70200	$76.41
70210	$56.84
70220	$73.89
70240	$44.21
70250	$62.52
70260	$89.67
70300	$27.79
70310	$43.57
70320	$71.99
70328	$47.99
70330	$77.04
70332	$188.82
70336	$873.36
70350	$41.05
70355	$56.20
70360	$42.94
70370	$114.30
70371	$213.45
70373	$157.24
70380	$59.99
70390	$152.19
70450	$387.74
70460	$474.26
70470	$580.35
70480	$425.00
70481	$495.73
70482	$595.50
70486	$412.37
70487	$489.41
70488	$592.35
70490	$425.00
70491	$495.73
70492	$594.87
70496	$857.58
70498	$857.58
70540	$848.74
70542	$1,018.61
70543	$1,811.14

CPT CODE	MAXIMUM FEE
70544	$848.74
70545	$848.10
70546	$1,608.43
70547	$848.10
70548	$848.10
70549	$1,608.43
70551	$873.36
70552	$1,047.66
70553	$1,859.14
70557	$1,297.73
70558	$1,433.51
70559	$1,439.82
71010	$46.73
71015	$52.41
71020	$60.62
71021	$72.62
71022	$75.78
71023	$85.88
71030	$78.94
71034	$136.40
71035	$49.89
71040	$147.77
71060	$211.55
71090	$161.66
71100	$57.47
71101	$68.20
71110	$75.78
71111	$87.15
71120	$61.26
71130	$66.31
71250	$493.20
71260	$577.82
71270	$707.28
71275	$973.14
71550	$862.00
71551	$1,031.87
71552	$1,809.88
71555	$901.78
72010	$107.36
72020	$41.05
72040	$59.36
72050	$86.52
72052	$106.72
72069	$51.78
72070	$62.52
72072	$68.20
72074	$80.20
72080	$63.78
72090	$68.83
72100	$63.78
72110	$87.78

CPT CODE	MAXIMUM FEE
72114	$110.51
72120	$78.94
72125	$493.20
72126	$575.30
72127	$698.44
72128	$493.20
72129	$575.93
72130	$698.44
72131	$493.20
72132	$575.30
72133	$698.44
72141	$883.47
72142	$1,060.29
72146	$964.93
72147	$1,059.66
72148	$954.83
72149	$1,048.29
72156	$1,877.45
72157	$1,876.19
72158	$1,859.14
72159	$976.30
72170	$49.26
72190	$63.15
72191	$941.57
72192	$487.52
72193	$555.09
72194	$668.76
72195	$862.63
72196	$1,031.87
72197	$1,825.04
72198	$900.52
72200	$49.26
72202	$58.10
72220	$53.68
72240	$394.06
72255	$364.38
72265	$341.64
72270	$520.36
72275	$209.66
72285	$656.76
72295	$594.87
73000	$47.99
73010	$49.26
73020	$44.21
73030	$54.31
73040	$186.92
73050	$62.52
73060	$53.68
73070	$47.36
73080	$53.68
73085	$188.19

CPT CODE	MAXIMUM FEE
73090	$47.99
73092	$46.10
73100	$46.10
73110	$49.89
73115	$153.45
73120	$46.10
73130	$49.89
73140	$39.15
73200	$423.74
73201	$493.20
73202	$599.29
73206	$873.36
73218	$848.74
73219	$1,019.24
73220	$1,811.14
73221	$848.74
73222	$1,018.61
73223	$1,811.14
73225	$890.42
73500	$46.10
73510	$56.84
73520	$67.57
73525	$187.56
73530	$59.36
73540	$56.20
73542	$190.08
73550	$53.68
73560	$49.26
73562	$54.31
73564	$60.62
73565	$47.36
73580	$221.03
73590	$49.26
73592	$46.10
73600	$46.10
73610	$49.89
73615	$187.56
73620	$46.10
73630	$49.89
73650	$44.84
73660	$39.15
73700	$423.74
73701	$493.20
73702	$598.66
73706	$881.57
73718	$848.74
73719	$1,018.61
73720	$1,810.51
73721	$848.74
73722	$1,018.61
73723	$1,811.14

QUICK REFERENCE TABLE
RADIOLOGY

CPT CODE	MAXIMUM FEE
73725	$902.41
74000	$49.89
74010	$58.73
74020	$65.04
74022	$76.41
74150	$479.31
74160	$565.19
74170	$684.55
74175	$948.51
74181	$862.00
74182	$1,031.87
74183	$1,825.04
74185	$900.52
74190	$128.83
74210	$110.51
74220	$118.72
74230	$132.62
74235	$277.86
74240	$157.24
74241	$159.14
74245	$237.44
74246	$169.87
74247	$173.03
74249	$250.07
74250	$127.56
74251	$147.14
74260	$142.09
74270	$174.29
74280	$234.29
74283	$345.43
74290	$76.41
74291	$45.47
74300	$90.30
74301	$52.41
74305	$89.04
74320	$256.39
74327	$178.71
74328	$270.28
74329	$270.28
74330	$287.33
74340	$221.03
74350	$275.33
74355	$239.97
74360	$257.65
74363	$482.47
74400	$155.35
74410	$172.40
74415	$183.77
74420	$205.87
74425	$118.72
74430	$97.88

CPT CODE	MAXIMUM FEE
74440	$107.99
74445	$174.93
74450	$126.30
74455	$135.14
74470	$130.09
74475	$317.64
74480	$317.64
74485	$256.39
74710	$99.78
74740	$120.62
74742	$262.70
74775	$151.56
75552	$883.47
75553	$916.31
75554	$904.94
75555	$899.26
75556	BR
75600	$880.94
75605	$937.15
75625	$936.51
75630	$1,031.24
75635	$1,237.74
75650	$966.83
75658	$953.57
75660	$952.30
75662	$983.88
75665	$952.93
75671	$981.98
75676	$952.93
75680	$981.98
75685	$951.04
75705	$1,028.71
75710	$937.78
75716	$951.04
75722	$937.78
75724	$969.98
75726	$935.25
75731	$935.88
75733	$951.04
75736	$936.51
75741	$950.41
75743	$980.09
75746	$935.88
75756	$939.67
75774	$868.31
75790	$250.71
75801	$432.58
75803	$461.00
75805	$477.41
75807	$507.09
75809	$92.83

CPT CODE	MAXIMUM FEE
75810	$935.25
75820	$125.04
75822	$190.71
75825	$936.51
75827	$935.88
75831	$936.51
75833	$967.46
75840	$937.15
75842	$965.56
75860	$936.51
75870	$936.51
75872	$940.30
75880	$124.41
75885	$961.77
75887	$961.14
75889	$935.25
75891	$935.25
75893	$884.10
75894	$1,718.94
75896	$1,510.55
75898	$214.08
75900	$1,437.29
75901	$177.45
75902	$169.24
75940	$884.73
75945	$339.75
75946	$190.08
75952	$4,054.23
75953	$1,225.11
75954	$2,008.17
75960	$1,062.18
75961	$1,067.24
75962	$1,094.39
75964	$589.19
75966	$1,162.59
75968	$589.19
75970	$839.26
75978	$1,093.76
75980	$484.36
75982	$530.46
75984	$191.98
75989	$312.59
75992	$1,094.39
75993	$589.19
75994	$1,162.59
75995	$1,161.96
75996	$588.56
75998	$121.88
76000	$101.67
76001	$233.66
76003	$133.88

CPT CODE	MAXIMUM FEE
76005	$137.04
76006	$41.05
76010	$49.89
76012	$339.12
76013	$612.56
76020	$50.52
76040	$75.78
76061	$106.09
76062	$142.72
76065	$109.88
76066	$101.04
76070	$217.87
76071	$208.40
76075	$231.76
76076	$70.10
76077	$65.68
76078	$68.20
76080	$116.83
76082	$32.84
76083	$32.84
76086	$205.87
76088	$282.28
76090	$130.72
76091	$162.30
76092	$142.72
76093	$1,311.63
76094	$1,729.05
76095	$614.45
76096	$135.77
76098	$41.68
76100	$133.88
76101	$145.25
76102	$166.72
76120	$103.57
76125	$75.78
76140	BR
76150	$27.79
76350	$65.68
76355	$653.60
76360	$648.55
76362	$959.88
76370	$270.28
76375	$248.81
76380	$317.01
76390	$855.05
76393	$874.00
76394	$1,175.85
76400	$882.84
76496	BR
76497	BR
76498	BR

QUICK REFERENCE TABLE
RADIOLOGY

CPT CODE	MAXIMUM FEE
76499	BR
76506	$152.82
76510	$284.81
76511	$219.13
76512	$207.76
76513	$163.56
76514	$20.21
76516	$131.35
76519	$137.04
76529	$128.83
76536	$143.35
76604	$134.51
76645	$116.83
76700	$202.08
76705	$145.88
76770	$195.13
76775	$145.25
76778	$195.13
76800	$190.71
76801	$226.71
76802	$147.14
76805	$226.71
76810	$166.08
76811	$420.58
76812	$251.34
76815	$152.19
76816	$150.30
76817	$165.45
76818	$202.08
76819	$176.19
76820	$154.72
76821	$172.40
76825	$279.12
76826	$120.62
76827	$167.98
76828	$126.30
76830	$162.30
76831	$165.45
76856	$162.30
76857	$144.61
76870	$157.88
76872	$193.87
76873	$277.86
76880	$145.88
76885	$166.08
76886	$148.40
76930	$161.66
76932	$161.66
76936	$594.24
76937	$57.47
76940	$299.96

CPT CODE	MAXIMUM FEE
76941	$220.39
76942	$241.86
76945	$160.40
76946	$136.40
76948	$135.77
76950	$137.67
76965	$486.89
76970	$104.83
76975	$173.66
76977	$59.99
76986	$282.91
76999	BR
77261	$124.41
77262	$187.56
77263	$278.49
77280	$291.12
77285	$461.63
77290	$568.35
77295	$2,252.56
77299	BR
77300	$142.72
77301	$2,548.73
77305	$185.66
77310	$246.29
77315	$311.96
77321	$350.48
77326	$238.08
77327	$350.48
77328	$510.25
77331	$107.99
77332	$135.77
77333	$198.92
77334	$323.33
77336	$198.29
77370	$231.76
77399	BR
77401	$118.72
77402	$118.72
77403	$118.72
77404	$118.72
77406	$118.72
77407	$139.56
77408	$139.56
77409	$139.56
77411	$139.56
77412	$155.35
77413	$155.35
77414	$155.35
77416	$155.35
77417	$39.78
77418	$1,143.65

CPT CODE	MAXIMUM FEE
77427	$286.70
77431	$162.93
77432	$709.17
77470	$922.62
77499	BR
77520	BR
77522	BR
77523	BR
77525	BR
77600	$337.85
77605	$454.05
77610	$338.48
77615	$450.89
77620	$346.69
77750	$513.41
77761	$487.52
77762	$735.07
77763	$1,040.08
77776	$526.67
77777	$928.31
77778	$1,307.84
77781	$1,492.23
77782	$1,564.86
77783	$1,670.95
77784	$1,833.88
77789	$126.93
77790	$123.77
77799	BR
78000	$81.46
78001	$109.88
78003	$93.46
78006	$200.82
78007	$214.71
78010	$155.98
78011	$199.55
78015	$229.87
78016	$303.12
78018	$436.37
78020	$143.98
78070	$348.59
78075	$425.63
78099	BR
78102	$184.40
78103	$276.60
78104	$340.38
78110	$80.83
78111	$190.71
78120	$136.40
78121	$220.39
78122	$345.43
78130	$242.50

CPT CODE	MAXIMUM FEE
78135	$379.53
78140	$314.49
78160	$274.07
78162	$254.49
78170	$389.00
78172	$181.87
78185	$192.61
78190	$478.05
78191	$539.93
78195	$376.37
78199	BR
78201	$195.77
78202	$234.92
78205	$454.68
78206	$464.15
78215	$236.81
78216	$280.39
78220	$289.23
78223	$316.38
78230	$185.03
78231	$256.39
78232	$275.97
78258	$255.13
78261	$333.43
78262	$341.64
78264	$342.27
78267	$18.31
78268	$156.61
78270	$121.88
78271	$127.56
78272	$178.08
78278	$409.21
78282	$133.88
78290	$262.07
78291	$280.39
78299	BR
78300	$219.76
78305	$315.75
78306	$358.69
78315	$406.05
78320	$483.73
78350	$69.47
78351	$128.19
78399	BR
78414	$132.62
78428	$219.76
78445	$167.35
78455	$328.38
78456	$356.80
78457	$244.39
78458	$346.69

QUICK REFERENCE TABLE
RADIOLOGY

CPT CODE	MAXIMUM FEE
78459	$446.47
78460	$232.39
78461	$421.84
78464	$565.19
78465	$912.52
78466	$234.92
78468	$312.59
78469	$426.89
78472	$452.79
78473	$676.97
78478	$159.77
78480	$159.14
78481	$434.47
78483	$652.97
78491	$452.79
78492	$563.93
78494	$570.24
78496	$509.62
78499	BR
78580	$292.38
78584	$298.70
78585	$469.84
78586	$207.13
78587	$228.60
78588	$308.17
78591	$223.55
78593	$271.55
78594	$376.37
78596	$579.72
78599	BR
78600	$229.23
78601	$270.28
78605	$272.18
78606	$313.22
78607	$543.72
78608	BR
78609	BR
78610	$132.62
78615	$293.65
78630	$394.69
78635	$223.55
78645	$277.23
78647	$471.73
78650	$361.85
78660	$187.56
78699	BR
78700	$241.86
78701	$278.49
78704	$327.12
78707	$380.16
78708	$402.27

CPT CODE	MAXIMUM FEE
78709	$419.32
78710	$450.26
78715	$132.62
78725	$152.82
78730	$128.83
78740	$191.34
78760	$235.55
78761	$274.70
78799	BR
78800	$284.18
78801	$350.48
78802	$443.31
78803	$531.72
78804	$810.85
78805	$289.86
78806	$503.31
78807	$531.72
78811	$416.79
78812	$515.30
78813	$532.99
78814	$583.51
78815	$644.13
78816	$659.29
78890	$91.57
78891	$183.14
78999	BR
79005	$330.91
79101	$345.43
79200	$349.22
79300	$241.23
79400	$483.10
79403	$350.48
79440	$386.48
79999	BR

QUICK REFERENCE TABLE
PATHOLOGY

CPT CODE	MAXIMUM FEE
80048	$23.28
80050	$85.61
80051	$19.53
80053	$29.29
80055	$98.38
80061	$60.08
80069	$24.03
80074	$147.20
80076	$22.53
80100	$40.55
80101	$38.30
80102	$36.80
80103	$39.05
80150	$42.06
80152	$49.57
80154	$51.07
80156	$40.55
80157	$36.80
80158	$50.32
80160	$47.31
80162	$36.80
80164	$37.55
80166	$42.81
80168	$45.06
80170	$45.06
80172	$45.06
80173	$40.55
80174	$47.31
80176	$40.55
80178	$18.02
80182	$37.55
80184	$31.54
80185	$36.80
80186	$38.30
80188	$45.81
80190	$46.56
80192	$46.56
80194	$40.55
80196	$19.53
80197	$38.30
80198	$39.05
80200	$44.31
80201	$33.04
80202	$37.55
80299	$37.55
80400	$147.20
80402	$270.36
80406	$251.59
80408	$337.20
80410	$301.15
80412	$749.50

CPT CODE	MAXIMUM FEE
80414	$111.15
80415	$111.15
80416	$349.97
80417	$150.20
80418	$2,088.53
80420	$265.85
80422	$165.22
80424	$160.71
80426	$390.52
80428	$195.26
80430	$237.32
80432	$423.56
80434	$280.87
80435	$298.15
80436	$274.87
80438	$131.43
80439	$163.72
80440	$160.71
80500	$44.31
80502	$144.94
81000	$9.01
81001	$9.01
81002	$6.76
81003	$6.01
81005	$6.01
81007	$6.76
81015	$8.26
81020	$10.51
81025	$17.27
81050	$8.26
81099	BR
82000	$34.55
82003	$56.33
82009	$12.77
82010	$22.53
82013	$30.79
82016	$38.30
82017	$46.56
82024	$106.64
82030	$71.35
82040	$13.52
82042	$14.27
82043	$15.77
82044	$12.77
82045	$93.88
82055	$30.04
82075	$33.04
82085	$27.04
82088	$112.65
82101	$83.36
82103	$37.55

CPT CODE	MAXIMUM FEE
82104	$39.80
82105	$46.56
82106	$46.56
82108	$70.59
82120	$10.51
82127	$38.30
82128	$38.30
82131	$46.56
82135	$45.81
82136	$46.56
82139	$46.56
82140	$40.55
82143	$18.78
82145	$42.81
82150	$18.02
82154	$79.61
82157	$81.11
82160	$69.09
82163	$57.08
82164	$40.55
82172	$42.81
82175	$52.57
82180	$27.04
82190	$41.31
82205	$31.54
82232	$45.06
82239	$47.31
82240	$73.60
82247	$14.27
82248	$14.27
82252	$12.77
82261	$46.56
82270	$9.01
82273	$9.01
82274	$44.31
82286	$18.78
82300	$63.84
82306	$81.86
82307	$89.37
82308	$74.35
82310	$14.27
82330	$37.55
82331	$14.27
82340	$16.52
82355	$32.29
82360	$35.30
82365	$36.05
82370	$34.55
82373	$50.32
82374	$13.52
82375	$33.80

CPT CODE	MAXIMUM FEE
82376	$16.52
82378	$52.57
82379	$46.56
82380	$25.53
82382	$47.31
82383	$69.09
82384	$69.84
82387	$57.83
82390	$30.04
82397	$39.05
82415	$35.30
82435	$12.77
82436	$14.27
82438	$13.52
82441	$16.52
82465	$12.02
82480	$21.78
82482	$21.03
82485	$57.08
82486	$50.32
82487	$44.31
82488	$59.33
82489	$51.07
82491	$50.32
82492	$50.32
82495	$56.33
82507	$77.35
82520	$42.06
82523	$51.82
82525	$34.55
82528	$62.33
82530	$46.56
82533	$45.06
82540	$12.77
82541	$50.32
82542	$50.32
82543	$50.32
82544	$50.32
82550	$18.02
82552	$36.80
82553	$32.29
82554	$33.04
82565	$14.27
82570	$14.27
82575	$26.29
82585	$24.03
82595	$18.02
82600	$54.07
82607	$42.06
82608	$39.80
82615	$22.53

QUICK REFERENCE TABLE
PATHOLOGY

CPT CODE	MAXIMUM FEE
82626	$69.84
82627	$61.58
82633	$85.61
82634	$81.11
82638	$33.80
82646	$57.08
82649	$71.35
82651	$71.35
82652	$106.64
82654	$38.30
82656	$32.29
82657	$50.32
82658	$50.32
82664	$95.38
82666	$59.33
82668	$51.82
82670	$77.35
82671	$89.37
82672	$60.08
82677	$66.84
82679	$69.09
82690	$48.06
82693	$41.31
82696	$65.34
82705	$14.27
82710	$46.56
82715	$47.31
82725	$36.80
82726	$50.32
82728	$37.55
82731	$177.99
82735	$51.07
82742	$54.82
82746	$40.55
82747	$48.06
82757	$48.06
82759	$59.33
82760	$30.79
82775	$58.58
82776	$23.28
82784	$25.53
82785	$45.81
82787	$22.53
82800	$23.28
82803	$53.32
82805	$78.86
82810	$24.03
82820	$27.79
82926	$15.02
82928	$18.02
82938	$48.82

CPT CODE	MAXIMUM FEE
82941	$48.82
82943	$39.80
82945	$10.51
82946	$42.06
82947	$10.51
82948	$9.01
82950	$13.52
82951	$35.30
82952	$10.51
82953	$42.06
82955	$27.04
82960	$16.52
82962	$6.76
82963	$59.33
82965	$21.78
82975	$43.56
82977	$20.28
82978	$39.80
82979	$18.78
82980	$51.07
82985	$42.06
83001	$51.82
83002	$51.07
83003	$45.81
83008	$46.56
83009	$186.25
83010	$34.55
83012	$47.31
83013	$186.25
83014	$21.78
83015	$51.82
83018	$60.83
83020	$75.10
83021	$50.32
83026	$6.76
83030	$23.28
83033	$16.52
83036	$27.04
83045	$13.52
83050	$20.28
83051	$20.28
83055	$13.52
83060	$23.28
83065	$18.78
83068	$23.28
83069	$11.27
83070	$13.52
83071	$18.78
83080	$46.56
83088	$81.86
83090	$46.56

CPT CODE	MAXIMUM FEE
83150	$53.32
83491	$48.82
83497	$36.05
83498	$75.10
83499	$69.84
83500	$63.08
83505	$67.59
83516	$32.29
83518	$23.28
83519	$37.55
83520	$36.05
83525	$31.54
83527	$36.05
83528	$44.31
83540	$18.02
83550	$24.03
83570	$24.78
83582	$39.05
83586	$35.30
83593	$72.85
83605	$29.29
83615	$16.52
83625	$35.30
83630	$32.29
83632	$56.33
83633	$15.02
83634	$31.54
83655	$33.80
83661	$60.83
83662	$52.57
83663	$52.57
83664	$52.57
83670	$25.53
83690	$18.78
83715	$31.54
83716	$69.09
83718	$22.53
83719	$32.29
83721	$26.29
83727	$47.31
83735	$18.78
83775	$20.28
83785	$68.34
83788	$50.32
83789	$50.32
83805	$48.82
83825	$45.06
83835	$46.56
83840	$45.06
83857	$30.04
83858	$41.31

CPT CODE	MAXIMUM FEE
83864	$54.82
83866	$27.04
83872	$16.52
83873	$47.31
83874	$36.05
83880	$93.88
83883	$37.55
83885	$67.59
83887	$65.34
83890	$11.27
83891	$11.27
83892	$11.27
83893	$11.27
83894	$11.27
83896	$11.27
83897	$11.27
83898	$46.56
83901	$46.56
83902	$39.05
83903	$46.56
83904	$46.56
83905	$46.56
83906	$46.56
83912	$48.82
83915	$30.79
83916	$55.57
83918	$45.81
83919	$45.81
83921	$45.81
83925	$54.07
83930	$18.02
83935	$18.78
83937	$82.61
83945	$35.30
83950	$177.99
83970	$114.15
83986	$9.76
83992	$40.55
84022	$42.81
84030	$15.02
84035	$9.76
84060	$20.28
84061	$21.78
84066	$27.04
84075	$14.27
84078	$20.28
84080	$41.31
84081	$45.81
84085	$18.78
84087	$28.54
84100	$12.77

QUICK REFERENCE TABLE
PATHOLOGY

CPT CODE	MAXIMUM FEE
84105	$14.27
84106	$12.02
84110	$23.28
84119	$24.03
84120	$40.55
84126	$70.59
84127	$32.29
84132	$12.77
84133	$12.02
84134	$40.55
84135	$53.32
84138	$52.57
84140	$57.08
84143	$63.08
84144	$57.83
84146	$53.32
84150	$69.09
84152	$51.07
84153	$51.07
84154	$51.07
84155	$10.51
84156	$10.51
84157	$10.51
84160	$14.27
84163	$41.31
84165	$69.09
84166	$88.62
84181	$86.37
84182	$90.87
84202	$39.80
84203	$24.03
84206	$49.57
84207	$78.10
84210	$30.04
84220	$26.29
84228	$32.29
84233	$177.99
84234	$179.49
84235	$144.94
84238	$101.39
84244	$60.83
84252	$56.33
84255	$70.59
84260	$85.61
84270	$60.08
84275	$37.55
84285	$65.34
84295	$13.52
84300	$13.52
84302	$13.52
84305	$58.58

CPT CODE	MAXIMUM FEE
84307	$50.32
84311	$19.53
84315	$6.76
84375	$54.07
84376	$15.02
84377	$15.02
84378	$31.54
84379	$31.54
84392	$13.52
84402	$70.59
84403	$71.35
84425	$58.58
84430	$32.29
84432	$44.31
84436	$18.78
84437	$18.02
84439	$24.78
84442	$41.31
84443	$46.56
84445	$140.44
84446	$39.05
84449	$49.57
84450	$14.27
84460	$15.02
84466	$35.30
84478	$15.77
84479	$18.02
84480	$39.05
84481	$46.56
84482	$43.56
84484	$27.04
84485	$21.03
84488	$20.28
84490	$21.03
84510	$28.54
84512	$21.03
84520	$11.27
84525	$10.51
84540	$13.52
84545	$18.02
84550	$12.77
84560	$13.52
84577	$34.55
84578	$9.01
84580	$19.53
84583	$14.27
84585	$42.81
84586	$97.63
84588	$93.88
84590	$32.29
84591	$32.29

CPT CODE	MAXIMUM FEE
84597	$38.30
84600	$44.31
84620	$33.04
84630	$31.54
84681	$57.83
84702	$41.31
84703	$21.03
84830	$27.79
84999	BR
85002	$12.77
85004	$18.02
85007	$9.76
85008	$9.76
85009	$10.51
85013	$6.76
85014	$6.76
85018	$6.76
85025	$21.78
85027	$18.02
85032	$12.02
85041	$8.26
85044	$12.02
85045	$11.27
85046	$15.77
85048	$6.76
85049	$12.02
85055	$74.35
85060	$48.82
85097	$217.04
85130	$33.04
85170	$9.76
85175	$12.77
85210	$36.05
85220	$48.82
85230	$49.57
85240	$49.57
85244	$56.33
85245	$63.84
85246	$63.84
85247	$63.84
85250	$52.57
85260	$49.57
85270	$49.57
85280	$53.32
85290	$45.06
85291	$24.78
85292	$52.57
85293	$52.57
85300	$33.04
85301	$30.04
85302	$33.04

CPT CODE	MAXIMUM FEE
85303	$38.30
85305	$32.29
85306	$42.06
85307	$42.06
85335	$35.30
85337	$28.54
85345	$12.02
85347	$12.02
85348	$10.51
85360	$23.28
85362	$18.78
85366	$24.03
85370	$31.54
85378	$19.53
85379	$28.54
85380	$28.54
85384	$23.28
85385	$23.28
85390	$52.57
85396	$42.81
85400	$24.78
85410	$21.03
85415	$47.31
85420	$18.02
85421	$28.54
85441	$12.02
85445	$18.78
85460	$21.78
85461	$18.02
85475	$24.78
85520	$36.05
85525	$33.04
85530	$39.05
85536	$18.02
85540	$24.03
85547	$24.03
85549	$51.82
85555	$18.78
85557	$36.80
85576	$99.88
85597	$49.57
85610	$10.51
85611	$11.27
85612	$26.29
85613	$26.29
85635	$27.04
85651	$9.76
85652	$7.51
85660	$15.02
85670	$15.77
85675	$18.78

QUICK REFERENCE TABLE
PATHOLOGY

CPT CODE	MAXIMUM FEE
85705	$26.29
85730	$16.52
85732	$18.02
85810	$32.29
85999	BR
86000	$19.53
86001	$14.27
86003	$14.27
86005	$21.78
86021	$41.31
86022	$51.07
86023	$34.55
86038	$33.80
86039	$30.79
86060	$20.28
86063	$15.77
86064	$104.39
86077	$102.89
86078	$108.14
86079	$106.64
86140	$14.27
86141	$36.05
86146	$70.59
86147	$70.59
86148	$44.31
86155	$44.31
86156	$18.78
86157	$22.53
86160	$33.04
86161	$33.04
86162	$56.33
86171	$27.79
86185	$24.78
86215	$36.80
86225	$38.30
86226	$33.80
86235	$49.57
86243	$57.08
86255	$72.85
86256	$72.85
86277	$43.56
86280	$22.53
86294	$54.07
86300	$57.83
86301	$57.83
86304	$57.83
86308	$14.27
86309	$18.02
86310	$20.28
86316	$57.83
86317	$41.31

CPT CODE	MAXIMUM FEE
86318	$36.05
86320	$102.14
86325	$99.88
86327	$109.65
86329	$39.05
86331	$33.04
86332	$67.59
86334	$101.39
86335	$120.16
86336	$42.81
86337	$59.33
86340	$42.06
86341	$54.82
86343	$34.55
86344	$21.78
86353	$135.93
86359	$104.39
86360	$129.92
86361	$74.35
86376	$40.55
86378	$54.82
86379	$104.39
86382	$46.56
86384	$31.54
86403	$28.54
86406	$29.29
86430	$15.77
86431	$15.77
86485	$26.29
86490	$23.28
86510	$25.53
86580	$20.28
86585	$15.77
86586	$26.29
86587	$104.39
86590	$30.79
86592	$12.02
86593	$12.02
86602	$28.54
86603	$35.30
86606	$41.31
86609	$36.05
86611	$28.54
86612	$36.05
86615	$36.80
86617	$42.81
86618	$47.31
86619	$36.80
86622	$24.78
86625	$36.05
86628	$33.04

CPT CODE	MAXIMUM FEE
86631	$33.04
86632	$35.30
86635	$31.54
86638	$33.80
86641	$39.80
86644	$39.80
86645	$46.56
86648	$42.06
86651	$36.80
86652	$36.80
86653	$36.80
86654	$36.80
86658	$36.05
86663	$36.05
86664	$42.06
86665	$50.32
86666	$28.54
86668	$28.54
86671	$33.80
86674	$40.55
86677	$40.55
86682	$36.05
86684	$43.56
86687	$23.28
86688	$39.05
86689	$53.32
86692	$47.31
86694	$39.80
86695	$36.80
86696	$53.32
86698	$34.55
86701	$24.78
86702	$37.55
86703	$38.30
86704	$33.04
86705	$32.29
86706	$30.04
86707	$32.29
86708	$34.55
86709	$31.54
86710	$37.55
86713	$42.06
86717	$33.80
86720	$36.80
86723	$36.80
86727	$35.30
86729	$33.04
86732	$36.80
86735	$36.05
86738	$36.80
86741	$36.80

CPT CODE	MAXIMUM FEE
86744	$36.80
86747	$41.31
86750	$36.80
86753	$34.55
86756	$36.05
86757	$53.32
86759	$36.80
86762	$39.80
86765	$36.05
86768	$36.80
86771	$36.80
86774	$41.31
86777	$39.80
86778	$39.80
86781	$36.80
86784	$34.55
86787	$36.05
86790	$36.05
86793	$36.80
86800	$44.31
86803	$39.80
86804	$42.81
86805	$144.94
86806	$131.43
86807	$109.65
86808	$81.86
86812	$71.35
86813	$160.71
86816	$77.35
86817	$177.99
86821	$156.21
86822	$101.39
86849	BR
86850	$34.55
86860	$34.55
86870	$60.83
86880	$15.02
86885	$15.77
86886	$14.27
86890	$138.18
86891	$216.29
86900	$8.26
86901	$17.27
86903	$26.29
86904	$26.29
86905	$10.51
86906	$21.78
86910	$38.30
86911	$29.29
86920	$38.30
86921	$34.55

QUICK REFERENCE TABLE
PATHOLOGY

CPT CODE	MAXIMUM FEE
86922	$21.03
86927	$18.78
86930	$172.73
86931	$190.00
86932	$207.28
86940	$22.53
86941	$33.80
86945	$51.82
86950	$95.38
86965	$24.03
86970	$27.79
86971	$27.79
86972	$26.29
86975	$17.27
86976	$13.52
86977	$17.27
86978	$38.30
86985	$36.05
86999	BR
87001	$36.80
87003	$46.56
87015	$18.78
87040	$28.54
87045	$26.29
87046	$26.29
87070	$24.03
87071	$26.29
87073	$26.29
87075	$26.29
87076	$22.53
87077	$22.53
87081	$18.02
87084	$24.03
87086	$22.53
87088	$22.53
87101	$21.03
87102	$23.28
87103	$24.78
87106	$28.54
87107	$28.54
87109	$42.81
87110	$54.07
87116	$30.04
87118	$30.04
87140	$15.77
87143	$34.55
87147	$14.27
87149	$55.57
87152	$14.27
87158	$14.27
87164	$67.59

CPT CODE	MAXIMUM FEE
87166	$31.54
87168	$12.02
87169	$12.02
87172	$12.02
87176	$16.52
87177	$24.78
87181	$13.52
87184	$18.78
87185	$13.52
87186	$24.03
87187	$28.54
87188	$18.02
87190	$15.77
87197	$41.31
87205	$12.02
87206	$15.02
87207	$57.08
87210	$12.02
87220	$12.02
87230	$54.82
87250	$54.07
87252	$72.10
87253	$55.57
87254	$54.07
87255	$93.88
87260	$33.04
87265	$33.04
87267	$33.04
87269	$33.04
87270	$33.04
87271	$33.04
87272	$33.04
87273	$33.04
87274	$33.04
87275	$33.04
87276	$33.04
87277	$33.04
87278	$33.04
87279	$33.04
87280	$33.04
87281	$33.04
87283	$33.04
87285	$33.04
87290	$33.04
87299	$33.04
87300	$33.04
87301	$33.04
87320	$33.04
87324	$33.04
87327	$33.04
87328	$33.04

CPT CODE	MAXIMUM FEE
87329	$33.04
87332	$33.04
87335	$33.04
87336	$33.04
87337	$33.04
87338	$39.80
87339	$33.04
87340	$28.54
87341	$28.54
87350	$31.54
87380	$45.81
87385	$33.04
87390	$48.82
87391	$48.82
87400	$33.04
87420	$33.04
87425	$33.04
87427	$33.04
87430	$33.04
87449	$33.04
87450	$26.29
87451	$26.29
87470	$55.57
87471	$96.88
87472	$118.66
87475	$55.57
87476	$96.88
87477	$118.66
87480	$55.57
87481	$96.88
87482	$115.65
87485	$55.57
87486	$96.88
87487	$118.66
87490	$55.57
87491	$96.88
87492	$96.88
87495	$55.57
87496	$96.88
87497	$118.66
87510	$55.57
87511	$96.88
87512	$115.65
87515	$55.57
87516	$96.88
87517	$118.66
87520	$55.57
87521	$96.88
87522	$118.66
87525	$55.57
87526	$96.88

CPT CODE	MAXIMUM FEE
87527	$115.65
87528	$55.57
87529	$96.88
87530	$118.66
87531	$55.57
87532	$96.88
87533	$115.65
87534	$55.57
87535	$96.88
87536	$235.81
87537	$55.57
87538	$96.88
87539	$118.66
87540	$55.57
87541	$96.88
87542	$115.65
87550	$55.57
87551	$96.88
87552	$118.66
87555	$55.57
87556	$96.88
87557	$118.66
87560	$55.57
87561	$96.88
87562	$118.66
87580	$55.57
87581	$96.88
87582	$115.65
87590	$55.57
87591	$96.88
87592	$118.66
87620	$55.57
87621	$96.88
87622	$115.65
87650	$55.57
87651	$96.88
87652	$115.65
87660	$55.57
87797	$55.57
87798	$96.88
87799	$118.66
87800	$111.15
87801	$194.51
87802	$33.04
87803	$33.04
87804	$33.04
87807	$33.04
87810	$33.04
87850	$33.04
87880	$33.04
87899	$33.04

QUICK REFERENCE TABLE
PATHOLOGY

CPT CODE	MAXIMUM FEE
87901	$712.70
87902	$712.70
87903	$1,352.55
87904	$361.23
87999	BR
88000	$446.85
88005	$496.41
88007	$545.98
88012	$411.55
88014	$411.55
88016	$500.17
88020	$641.35
88025	$690.92
88027	$740.49
88028	$411.55
88029	$411.55
88036	$265.85
88037	$195.26
88040	$1,063.42
88045	$88.62
88099	BR
88104	$108.90
88106	$146.45
88107	$176.49
88108	$135.93
88112	$239.57
88125	$39.80
88130	$41.31
88140	$21.78
88141	$44.31
88142	$56.33
88143	$56.33
88147	$31.54
88148	$42.06
88150	$29.29
88152	$29.29
88153	$29.29
88154	$29.29
88155	$16.52
88160	$102.89
88161	$111.15
88162	$137.43
88164	$29.29
88165	$29.29
88166	$29.29
88167	$29.29
88172	$102.89
88173	$270.36
88174	$59.33
88175	$73.60
88182	$211.78

CPT CODE	MAXIMUM FEE
88184	$100.63
88185	$49.57
88187	$136.68
88188	$170.48
88189	$224.55
88199	BR
88230	$322.93
88233	$389.77
88235	$407.79
88237	$349.97
88239	$408.54
88240	$27.79
88241	$27.79
88245	$412.30
88248	$479.14
88249	$479.14
88261	$489.65
88262	$345.46
88263	$416.05
88264	$345.46
88267	$497.91
88269	$460.36
88271	$59.33
88272	$74.35
88273	$88.62
88274	$96.13
88275	$111.15
88280	$69.84
88283	$190.00
88285	$52.57
88289	$95.38
88291	$53.32
88299	BR
88300	$41.31
88302	$89.37
88304	$117.91
88305	$205.02
88307	$364.99
88309	$511.43
88311	$36.80
88312	$156.96
88313	$113.40
88314	$191.51
88318	$157.71
88319	$298.90
88321	$160.71
88323	$240.32
88325	$393.52
88329	$101.39
88331	$177.99
88332	$81.86

CPT CODE	MAXIMUM FEE
88342	$177.24
88346	$186.25
88347	$162.97
88348	$825.35
88349	$331.19
88355	$807.33
88356	$554.99
88358	$147.95
88360	$218.54
88361	$328.94
88362	$527.20
88365	$253.84
88367	$415.30
88368	$377.00
88371	$99.88
88372	$103.64
88380	BR
88399	BR
88400	$14.27
89050	$12.77
89051	$15.02
89055	$12.02
89060	$60.08
89100	$184.75
89105	$205.77
89125	$12.02
89130	$165.97
89132	$131.43
89135	$204.27
89136	$146.45
89140	$229.81
89141	$275.62
89160	$10.51
89190	$13.52
89220	$30.79
89225	$9.01
89230	$9.76
89235	$15.02
89240	BR
89250	$2,062.25
89251	BR
89253	BR
89254	BR
89255	BR
89257	BR
89258	BR
89259	BR
89260	BR
89261	BR
89264	BR
89268	BR

CPT CODE	MAXIMUM FEE
89272	BR
89280	BR
89281	BR
89290	BR
89291	BR
89300	$24.78
89310	$24.03
89320	$33.04
89321	$33.04
89325	$29.29
89329	$57.83
89330	$27.04
89335	BR
89342	BR
89343	BR
89344	BR
89346	BR
89352	BR
89353	BR
89354	BR
89356	BR

QUICK REFERENCE TABLE
MEDICINE

CPT CODE	MAXIMUM FEE
90281	BR
90283	BR
90287	BR
90288	BR
90291	BR
90296	BR
90371	BR
90375	$175.61
90376	$146.78
90378	BR
90379	BR
90384	$127.38
90385	$77.06
90386	BR
90389	$171.94
90393	BR
90396	BR
90399	BR
90465	$25.69
90466	$15.20
90467	$26.73
90468	$26.73
90471	$25.69
90472	$15.20
90473	$23.06
90474	$23.06
90476	BR
90477	BR
90581	$148.87
90585	$240.08
90586	$251.09
90632	$94.88
90633	$44.03
90634	$44.03
90636	$104.84
90645	$39.32
90646	BR
90647	$35.12
90648	$35.65
90655	$16.77
90657	$16.77
90658	$12.06
90659	$12.06
90660	BR
90665	BR
90669	$82.30
90675	$216.49
90676	BR
90680	BR
90690	$45.61
90691	$63.43

CPT CODE	MAXIMUM FEE
90692	BR
90693	BR
90698	BR
90700	$31.45
90701	BR
90702	$14.68
90703	$16.25
90704	$26.21
90705	$21.49
90706	$23.06
90707	$51.37
90708	BR
90710	BR
90712	BR
90713	$40.89
90715	BR
90716	$95.40
90717	$96.98
90718	$14.68
90719	BR
90720	$55.57
90721	$72.86
90723	$93.31
90725	BR
90727	BR
90732	$19.92
90733	$106.94
90734	BR
90735	$105.89
90740	$297.22
90743	$41.94
90744	$41.94
90746	$94.88
90747	$297.22
90748	$76.53
90749	BR
90780	$125.28
90781	$35.12
90782	$26.21
90783	$26.21
90784	$52.94
90788	$23.06
90799	BR
90801	$211.78
90802	$224.88
90804	$90.69
90805	$99.60
90806	$136.82
90807	$145.20
90808	$203.91
90809	$211.25

CPT CODE	MAXIMUM FEE
90810	$98.03
90811	$109.56
90812	$147.30
90813	$154.64
90814	$213.35
90815	$219.64
90816	$91.21
90817	$100.12
90818	$137.86
90819	$144.16
90821	$204.96
90822	$210.73
90823	$98.03
90824	$107.46
90826	$145.73
90827	$151.49
90828	$213.35
90829	$218.07
90845	$126.33
90846	$132.62
90847	$161.45
90849	$46.13
90853	$45.08
90857	$49.27
90862	$71.82
90865	$225.93
90870	$202.34
90871	$202.34
90875	$112.18
90876	$163.03
90880	$172.46
90882	$123.19
90885	$71.29
90887	$122.66
90889	$106.41
90899	BR
90901	$56.61
90911	$131.05
90918	$924.16
90919	$672.02
90920	$589.20
90921	$369.04
90922	$30.93
90923	$22.02
90924	$19.40
90925	$12.58
90935	$101.17
90937	$165.12
90939	$112.18
90940	$112.18
90945	$105.36

CPT CODE	MAXIMUM FEE
90947	$168.79
90989	$730.73
90993	$123.19
90997	$134.20
90999	BR
91000	$57.66
91010	$302.99
91011	$359.60
91012	$385.29
91020	$319.24
91030	$178.23
91034	$331.82
91035	$655.77
91037	$210.73
91038	$180.32
91040	$640.57
91052	$172.99
91055	$207.06
91060	$128.95
91065	$88.59
91100	$206.53
91105	$131.05
91110	$1,361.87
91120	$632.19
91122	$370.61
91123	BR
91132	$58.71
91133	$73.91
91299	BR
92002	$98.03
92004	$178.75
92012	$90.16
92014	$133.15
92015	$98.55
92018	$190.81
92019	$99.60
92020	$37.74
92060	$76.01
92065	$48.23
92070	$93.83
92081	$69.19
92082	$88.59
92083	$102.22
92100	$120.04
92120	$99.60
92130	$110.61
92135	$60.81
92136	$118.99
92140	$78.63
92225	$31.98
92226	$28.83

QUICK REFERENCE TABLE
MEDICINE

CPT CODE	MAXIMUM FEE
92230	$112.70
92235	$183.47
92240	$382.14
92250	$104.32
92260	$24.64
92265	$123.71
92270	$125.28
92275	$157.26
92283	$53.99
92284	$112.18
92285	$63.43
92286	$196.58
92287	$168.27
92310	$122.14
92311	$115.32
92312	$124.24
92313	$104.84
92314	$85.97
92315	$68.67
92316	$84.40
92317	$73.39
92325	$21.49
92326	$88.59
92330	$110.08
92335	$71.29
92340	$56.61
92341	$63.95
92342	$68.15
92352	$55.57
92353	$65.53
92354	$469.68
92355	$227.50
92358	$53.47
92370	$46.65
92371	$33.55
92390	BR
92391	BR
92392	$199.72
92393	$646.34
92395	$72.34
92396	$116.90
92499	BR
92502	$139.96
92504	$36.17
92506	$182.42
92507	$86.49
92508	$40.89
92510	$191.33
92511	$219.12
92512	$89.64
92516	$85.97

CPT CODE	MAXIMUM FEE
92520	$68.15
92526	$115.85
92531	$32.50
92532	$37.74
92533	$59.76
92534	$26.21
92541	$77.06
92542	$78.63
92543	$36.17
92544	$62.38
92545	$55.57
92546	$120.57
92547	$7.34
92548	$152.02
92551	$15.20
92552	$25.16
92553	$37.74
92555	$22.02
92556	$33.02
92557	$68.67
92559	$49.27
92560	$28.83
92561	$40.89
92562	$23.59
92563	$22.02
92564	$27.26
92565	$23.06
92567	$30.40
92568	$22.02
92569	$23.59
92571	$22.54
92572	$5.24
92573	$20.44
92575	$16.77
92576	$25.69
92577	$41.41
92579	$41.41
92582	$41.41
92583	$50.85
92584	$140.49
92585	$143.11
92586	$104.32
92587	$84.92
92588	$111.65
92590	$58.71
92591	$88.07
92592	$25.69
92593	$38.79
92594	$28.31
92595	$42.46
92596	$34.07

CPT CODE	MAXIMUM FEE
92597	$135.24
92601	$187.14
92602	$128.43
92603	$115.85
92604	$74.44
92605	BR
92606	BR
92607	$164.07
92608	$31.45
92609	$85.44
92610	$183.99
92611	$183.99
92612	$212.30
92613	$60.81
92614	$199.72
92615	$53.99
92616	$279.40
92617	$67.10
92620	$62.90
92621	$16.25
92625	$61.86
92700	BR
92950	$432.47
92953	$16.77
92960	$452.91
92961	$364.84
92970	$249.52
92971	$140.49
92973	$251.62
92974	$230.12
92975	$538.88
92977	$446.09
92978	$386.34
92979	$234.84
92980	$1,119.17
92981	$310.33
92982	$830.33
92984	$221.21
92986	$1,798.01
92987	$1,866.15
92990	$1,461.99
92992	$1,626.07
92993	$1,139.61
92995	$913.16
92996	$242.70
92997	$904.77
92998	$444.00
93000	$37.22
93005	$24.64
93010	$12.58
93012	$324.48

CPT CODE	MAXIMUM FEE
93014	$38.27
93015	$149.40
93016	$33.55
93017	$93.83
93018	$22.02
93024	$150.45
93025	$444.52
93040	$19.92
93041	$8.39
93042	$11.53
93224	$229.08
93225	$69.19
93226	$121.61
93227	$38.27
93230	$244.80
93231	$85.44
93232	$121.09
93233	$38.27
93235	$177.70
93236	$144.68
93237	$33.02
93268	$431.94
93270	$69.19
93271	$324.48
93272	$38.27
93278	$84.92
93303	$309.80
93304	$164.07
93307	$282.54
93308	$147.82
93312	$374.28
93313	$63.95
93314	$306.13
93315	$454.48
93316	$65.00
93317	$338.11
93318	$328.67
93320	$124.24
93321	$73.91
93325	$168.79
93350	$209.16
93501	$1,170.54
93503	$198.67
93505	$446.09
93508	$1,032.67
93510	$2,413.42
93511	$2,411.84
93514	$2,560.72
93524	$3,172.46
93526	$3,171.93
93527	$3,198.14

QUICK REFERENCE TABLE
MEDICINE

CPT CODE	MAXIMUM FEE
93528	$3,332.34
93529	$3,004.71
93530	$1,278.52
93531	$3,344.92
93532	$3,399.96
93533	$3,138.39
93539	$29.88
93540	$31.98
93541	$21.49
93542	$21.49
93543	$21.49
93544	$18.87
93545	$29.88
93555	$407.30
93556	$607.02
93561	$66.57
93562	$30.40
93571	$384.76
93572	$231.17
93580	$1,394.37
93581	$1,859.34
93600	$272.06
93602	$224.88
93603	$256.86
93609	$533.64
93610	$308.23
93612	$322.38
93613	$536.26
93615	$85.44
93616	$123.19
93618	$537.83
93619	$990.74
93620	$1,600.38
93621	$285.16
93622	$420.41
93623	$386.34
93624	$484.89
93631	$943.56
93640	$659.44
93641	$839.77
93642	$777.91
93650	$820.37
93651	$1,240.78
93652	$1,349.82
93660	$230.12
93662	$381.09
93668	$73.39
93701	$61.33
93720	$52.42
93721	$40.36
93722	$12.06

CPT CODE	MAXIMUM FEE
93724	$584.48
93727	$38.79
93731	$61.33
93732	$96.98
93733	$54.52
93734	$47.70
93735	$80.20
93736	$47.70
93740	$19.40
93741	$96.98
93742	$105.36
93743	$117.42
93744	$125.28
93745	BR
93760	$87.02
93762	$127.90
93770	$13.63
93784	$102.74
93786	$48.23
93788	$27.26
93790	$27.26
93797	$25.69
93798	$39.32
93799	BR
93875	$139.96
93880	$342.83
93882	$218.07
93886	$426.17
93888	$271.54
93890	$332.87
93892	$354.36
93893	$347.54
93922	$161.45
93923	$248.47
93924	$293.03
93925	$406.26
93926	$246.90
93930	$326.05
93931	$212.83
93965	$171.94
93970	$334.44
93971	$227.50
93975	$523.68
93976	$309.28
93978	$293.03
93979	$205.49
93980	$236.94
93981	$190.81
93990	$235.89
94010	$45.61
94014	$68.67

CPT CODE	MAXIMUM FEE
94015	$31.45
94016	$37.22
94060	$76.01
94070	$81.25
94150	$29.36
94200	$30.40
94240	$51.37
94250	$40.36
94260	$39.84
94350	$56.09
94360	$53.99
94370	$52.94
94375	$49.27
94400	$69.72
94450	$67.62
94452	$71.82
94453	$102.22
94620	$170.89
94621	$198.15
94640	$16.77
94642	$82.82
94656	$128.43
94657	$96.98
94660	$76.01
94662	$53.47
94664	$18.35
94667	$29.88
94668	$24.64
94680	$114.80
94681	$149.40
94690	$110.61
94720	$69.72
94725	$172.99
94750	$84.92
94760	$3.15
94761	$6.81
94762	$29.88
94770	$51.37
94772	BR
94799	BR
95004	$5.77
95010	$25.16
95015	$15.73
95024	$8.39
95027	$8.39
95028	$12.58
95044	$11.01
95052	$13.63
95056	$9.44
95060	$19.40
95065	$11.01

CPT CODE	MAXIMUM FEE
95070	$120.57
95071	$154.11
95075	$94.36
95078	$14.15
95115	$21.49
95117	$27.26
95120	$26.73
95125	$33.02
95130	$46.13
95131	$58.71
95132	$70.77
95133	$85.44
95134	$102.22
95144	$13.63
95145	$20.44
95146	$26.73
95147	$25.69
95148	$34.07
95149	$45.61
95165	$13.63
95170	$10.48
95180	$214.40
95199	BR
95250	$215.45
95805	$1,025.86
95806	$281.50
95807	$734.40
95808	$859.16
95810	$1,132.27
95811	$1,236.59
95812	$276.78
95813	$364.84
95816	$259.48
95819	$221.21
95822	$307.71
95824	$142.58
95827	$208.11
95829	$1,976.23
95830	$267.34
95831	$39.32
95832	$33.55
95833	$56.09
95834	$66.05
95851	$27.78
95852	$19.92
95857	$60.28
95858	$144.16
95860	$128.43
95861	$161.98
95863	$197.10
95864	$254.76

QUICK REFERENCE TABLE
MEDICINE

CPT CODE	MAXIMUM FEE
95867	$93.83
95868	$131.05
95869	$40.89
95870	$40.89
95872	$149.92
95875	$139.44
95900	$90.16
95903	$96.45
95904	$77.06
95920	$240.08
95921	$87.54
95922	$94.88
95923	$152.54
95925	$92.78
95926	$92.78
95927	$93.83
95928	$241.66
95929	$251.62
95930	$137.34
95933	$89.64
95934	$51.37
95936	$55.04
95937	$70.77
95950	$311.90
95951	$1,162.68
95953	$592.35
95954	$359.60
95955	$186.62
95956	$1,000.17
95957	$249.52
95958	$424.08
95961	$321.86
95962	$330.25
95965	$3,108.51
95966	$1,543.77
95967	$1,263.32
95970	$69.72
95971	$80.20
95972	$149.40
95973	$84.40
95974	$255.29
95975	$142.06
95978	$294.08
95979	$135.77
95990	$81.78
95991	$120.04
95999	BR
96000	$127.90
96001	$152.54
96002	$30.40
96003	$26.73

CPT CODE	MAXIMUM FEE
96004	$167.22
96100	$101.69
96105	$101.69
96110	$18.87
96111	$200.77
96115	$101.69
96117	$101.69
96150	$36.17
96151	$35.12
96152	$33.55
96153	$7.86
96154	$33.02
96155	$33.55
96400	$68.15
96405	$149.40
96406	$201.29
96408	$164.60
96410	$231.17
96412	$51.37
96414	$286.74
96420	$152.02
96422	$266.29
96423	$108.51
96425	$247.42
96440	$548.31
96445	$543.60
96450	$467.59
96520	$211.25
96530	$152.54
96542	$299.84
96545	BR
96549	BR
96567	$52.42
96570	$82.82
96571	$40.36
96900	$24.11
96902	$31.45
96910	$53.99
96912	$68.67
96913	$93.31
96920	$194.48
96921	$199.20
96922	$295.12
96999	BR

QUICK REFERENCE TABLE

PHYSICAL MEDICINE

CPT CODE	MAXIMUM FEE
97001	$87.60
97002	$46.43
97003	$93.73
97004	$56.50
97005	$70.96
97006	$35.48
97010	$5.26
97012	$17.08
97014	$16.64
97016	$16.21
97018	$7.45
97020	$5.69
97022	$17.08

CPT CODE	MAXIMUM FEE
97024	$6.13
97026	$5.69
97028	$7.01
97032	$18.40
97033	$23.65
97034	$16.21
97035	$14.02
97036	$26.72
97039	$13.58
97110	$32.41
97112	$34.16
97113	$37.23
97116	$28.47

CPT CODE	MAXIMUM FEE
97124	$25.84
97139	$18.40
97140	$30.66
97150	$20.15
97504	$35.48
97520	$32.41
97530	$34.16
97532	$28.47
97533	$30.22
97535	$34.60
97537	$31.54
97542	$32.41
97545	$141.04

CPT CODE	MAXIMUM FEE
97546	$56.50
97597	$56.50
97598	$71.83
97602	$20.59
97605	BR
97606	BR
97703	$29.78
97750	$34.60
97755	$40.30
97799	BR

MEDICAL NUTRITION THERAPY

CPT CODE	MAXIMUM FEE
97802	$19.77
97803	$19.77
97804	$7.83

ACUPUNCTURE

CPT CODE	MAXIMUM FEE
97810	$25.95
97811	$21.83
97813	$28.00
97814	$23.89

OSTEOPATHIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98925	$43.00
98926	$59.33
98927	$76.20
98928	$90.35
98929	$103.96

QUICK REFERENCE TABLE

CHIROPRACTIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98940	$35.02
98941	$49.23
98942	$63.44
98943	$32.99

SPECIAL SERVICES AND REPORTS

CPT CODE	MAXIMUM FEE
99000	$7.62
99001	$8.47
99002	$11.86
99024	BR
99026	BR
99027	BR
99050	$22.45
99052	$22.45
99054	$22.45
99056	$29.65

CPT CODE	MAXIMUM FEE
99058	$30.49
99070	BR
99071	*
99075	**
99078	BR
99080	BR
99082	BR
99090	BR
99091	BR
99100	#

CPT CODE	MAXIMUM FEE
99116	#
99135	#
99140	#
99141	$115.19
99142	$67.34
99170	$152.04
99172	$27.53
99173	$13.13
99175	$63.10
99183	$243.09

CPT CODE	MAXIMUM FEE
99185	$28.80
99186	$94.44
99190	$600.52
99191	$450.18
99192	$300.26
99195	$19.48
99199	BR

* The maximum fee for this code (99071) is to be determined "by report" (BR); however, when the charge for any item exceeds $7.00, documentation of cost to the provider for such item must be attached to the bill when submitted for payment. Payment shall not exceed the cost of the item to the health care provider plus 25%.

** See Depositions, Testimony and Medical Records Reproduction Section

See Anesthesia Section

QUICK REFERENCE TABLE
EVALUATION AND MANAGEMENT

CPT CODE	MAXIMUM FEE	CPT CODE	MAXIMUM FEE	CPT CODE	MAXIMUM FEE	CPT CODE	MAXIMUM FEE
99201	$44.94	99254	$173.74	99316	$100.07	99380	$128.80
99202	$79.69	99255	$239.53	99321	$50.04	99381	$126.94
99203	$118.60	99261	$27.33	99322	$70.42	99382	$136.67
99204	$167.71	99262	$55.60	99323	$87.10	99383	$133.89
99205	$212.19	99263	$82.47	99331	$44.01	99384	$145.48
99211	$26.41	99271	$47.72	99332	$56.06	99385	$145.48
99212	$47.26	99272	$80.15	99333	$69.50	99386	$170.96
99213	$64.40	99273	$111.19	99341	$71.35	99387	$185.32
99214	$101.00	99274	$149.18	99342	$105.17	99391	$96.37
99215	$146.87	99275	$189.95	99343	$153.35	99392	$107.95
99217	$86.64	99281	$20.39	99344	$201.07	99393	$106.56
99218	$82.47	99282	$33.82	99345	$248.79	99394	$117.68
99219	$137.14	99283	$75.98	99347	$55.60	99395	$119.07
99220	$192.73	99284	$118.60	99348	$88.03	99396	$131.58
99221	$83.39	99285	$185.78	99349	$136.21	99397	$145.01
99222	$138.06	99288	BR	99350	$201.07	99401	$51.43
99223	$192.27	99289	$300.22	99354	$121.38	99402	$86.64
99231	$41.70	99290	$154.28	99355	$119.99	99403	$119.99
99232	$68.11	99291	$313.65	99356	$111.19	99404	$153.82
99233	$96.83	99292	$138.99	99357	$112.12	99411	$15.75
99234	$165.86	99293	$1,010.92	99358	$173.74	99412	$23.63
99235	$218.68	99294	$502.22	99359	$87.10	99420	BR
99236	$272.88	99295	$1,157.32	99360	$118.14	99429	BR
99238	$86.64	99296	$502.68	99361	$99.61	99431	$74.13
99239	$118.14	99297	$177.91	99362	$173.74	99432	$104.71
99241	$61.62	99298	$163.08	99371	$15.75	99433	$38.92
99242	$112.58	99301	$81.08	99372	$39.38	99435	$99.61
99243	$150.11	99302	$107.49	99373	$79.22	99436	$94.05
99244	$211.26	99303	$132.50	99374	$85.71	99440	$184.39
99245	$273.35	99311	$41.70	99375	$155.21	99450	BR
99251	$44.01	99312	$69.03	99377	$85.71	99455	##
99252	$88.49	99313	$97.29	99378	$173.27	99456	##
99253	$120.92	99315	$75.52	99379	$85.25	99499	BR

Refer to item 2 of the Deposition/Testimony & Reproduction of Medical Records Section of this fee schedule as it relates to an IME or other Special Examination and/or Report.

QUICK REFERENCE TABLE

HOME HEALTH PROCEDURES / SERVICES

CPT CODE	MAXIMUM FEE
99500	BR
99501	BR
99502	BR
99503	BR
99504	BR
99505	BR
99506	BR
99507	BR
99509	BR
99510	BR
99511	BR
99512	BR
99600	BR

HOME INFUSION PROCEDURES

CPT CODE	MAXIMUM FEE
99601	BR
99602	BR

QUICK REFERENCE TABLE
DENTISTRY

ADA CODE	MAXIMUM FEE
D0120	$27.17
D0140	$35.04
D0150	$39.33
D0160	$51.84
D0170	BR
D0180	BR
D0210	$80.08
D0220	$15.37
D0230	$12.51
D0240	$21.45
D0250	$35.75
D0260	$17.88
D0270	$15.37
D0272	$25.03
D0274	$35.75
D0277	BR
D0290	BR
D0310	BR
D0320	BR
D0321	BR
D0322	BR
D0330	$68.28
D0340	$71.50
D0350	BR
D0415	BR
D0416	BR
D0421	BR
D0425	BR
D0431	BR
D0460	$26.10
D0470	$54.34
D0472	BR
D0473	BR
D0474	BR
D0475	BR
D0476	BR
D0477	BR
D0478	BR
D0479	BR
D0480	BR
D0481	BR
D0482	BR
D0483	BR
D0484	BR
D0485	BR
D0502	BR
D0999	BR
D1110	$53.63
D1120	$38.25
D1201	$47.55
D1203	$22.88

ADA CODE	MAXIMUM FEE
D1204	$24.67
D1205	$59.70
D1310	BR
D1320	$10.73
D1330	$23.95
D1351	$29.67
D1510	$188.05
D1515	$264.91
D1520	$143.00
D1525	$214.50
D1550	$33.25
D2140	$70.07
D2150	$88.66
D2160	$107.61
D2161	$128.70
D2330	$86.16
D2331	$109.40
D2332	$134.06
D2335	$159.45
D2390	BR
D2391	BR
D2392	BR
D2393	BR
D2394	BR
D2410	BR
D2420	BR
D2430	BR
D2510	$447.95
D2520	$512.30
D2530	BR
D2542	BR
D2543	$610.25
D2544	$595.95
D2610	$511.23
D2620	$570.21
D2630	$607.75
D2642	$620.26
D2643	$651.01
D2644	$661.38
D2650	$443.30
D2651	$506.58
D2652	$607.75
D2662	$464.75
D2663	$563.78
D2664	$607.75
D2710	$425.43
D2712	BR
D2720	$620.98
D2721	BR
D2722	BR
D2740	$703.20

ADA CODE	MAXIMUM FEE
D2750	$685.33
D2751	$615.62
D2752	$642.79
D2780	BR
D2781	BR
D2782	BR
D2783	BR
D2790	$657.44
D2791	$494.42
D2792	$519.81
D2794	BR
D2799	BR
D2910	$46.48
D2915	BR
D2920	$55.41
D2930	$156.94
D2931	$189.83
D2932	BR
D2933	BR
D2934	BR
D2940	$57.56
D2950	$155.16
D2951	$18.95
D2952	$226.66
D2953	BR
D2954	$178.75
D2955	BR
D2957	BR
D2960	$309.24
D2961	BR
D2962	$600.96
D2971	BR
D2975	BR
D2980	BR
D2999	BR
D3110	$48.62
D3120	$46.12
D3220	$99.03
D3221	BR
D3230	$111.54
D3240	$114.04
D3310	$387.17
D3320	$462.25
D3330	$574.15
D3331	BR
D3332	BR
D3333	BR
D3346	BR
D3347	BR
D3348	BR
D3351	BR

ADA CODE	MAXIMUM FEE
D3352	BR
D3353	BR
D3410	$334.98
D3421	BR
D3425	BR
D3426	BR
D3430	BR
D3450	$304.23
D3460	BR
D3470	BR
D3910	BR
D3920	BR
D3950	BR
D3999	BR
D4210	$321.39
D4211	$109.75
D4240	$214.50
D4241	BR
D4245	BR
D4249	BR
D4260	$545.90
D4261	BR
D4263	BR
D4264	BR
D4265	BR
D4266	BR
D4267	BR
D4268	BR
D4270	BR
D4271	BR
D4273	BR
D4274	BR
D4275	BR
D4276	BR
D4320	BR
D4321	$204.85
D4341	$160.52
D4342	BR
D4355	BR
D4381	BR
D4910	$76.15
D4920	BR
D4999	BR
D5110	$966.68
D5120	$964.54
D5130	$1,010.65
D5140	$1,011.01
D5211	$688.90
D5212	$691.05
D5213	$1,039.97
D5214	$1,038.18

QUICK REFERENCE TABLE
DENTISTRY

ADA CODE	MAXIMUM FEE
D5225	BR
D5226	BR
D5281	$506.94
D5410	$37.90
D5411	$37.90
D5421	$37.90
D5422	$37.90
D5510	$115.47
D5520	$96.88
D5610	$114.04
D5620	$169.81
D5630	$156.59
D5640	$97.60
D5650	$125.13
D5660	$162.31
D5670	BR
D5671	BR
D5710	$343.20
D5711	$357.50
D5720	$286.00
D5721	$286.00
D5730	$193.77
D5731	$193.77
D5740	$184.83
D5741	$184.83
D5750	$294.58
D5751	$295.30
D5760	$263.48
D5761	$263.48
D5810	$387.17
D5811	$387.17
D5820	$357.50
D5821	$357.50
D5850	$71.50
D5851	$71.50
D5860	BR
D5861	BR
D5862	BR
D5867	BR
D5875	BR
D5899	BR
D5911	BR
D5912	BR
D5913	BR
D5914	BR
D5915	BR
D5916	BR
D5919	BR
D5922	BR
D5923	BR
D5924	BR

ADA CODE	MAXIMUM FEE
D5925	BR
D5926	BR
D5927	BR
D5928	BR
D5929	BR
D5931	BR
D5932	BR
D5933	BR
D5934	BR
D5935	BR
D5936	BR
D5937	BR
D5951	BR
D5952	BR
D5953	BR
D5954	BR
D5955	BR
D5958	BR
D5959	BR
D5960	BR
D5982	BR
D5983	BR
D5984	BR
D5985	BR
D5986	BR
D5987	BR
D5988	BR
D5999	BR
D6010	$893.75
D6040	BR
D6050	BR
D6053	BR
D6054	BR
D6055	BR
D6056	BR
D6057	BR
D6058	BR
D6059	BR
D6060	BR
D6061	BR
D6062	BR
D6063	BR
D6064	BR
D6065	BR
D6066	BR
D6067	BR
D6068	BR
D6069	BR
D6070	BR
D6071	BR
D6072	BR

ADA CODE	MAXIMUM FEE
D6073	BR
D6074	BR
D6075	BR
D6076	BR
D6077	BR
D6078	BR
D6079	BR
D6080	BR
D6090	BR
D6094	BR
D6095	BR
D6100	BR
D6190	BR
D6199	BR
D6205	BR
D6210	$702.85
D6211	$500.50
D6212	$572.00
D6214	BR
D6240	$685.33
D6241	$619.55
D6242	$571.64
D6245	BR
D6250	BR
D6251	BR
D6252	BR
D6253	BR
D6545	$456.89
D6548	BR
D6600	BR
D6601	BR
D6602	BR
D6603	BR
D6604	BR
D6605	BR
D6606	BR
D6607	BR
D6608	BR
D6609	BR
D6610	BR
D6611	BR
D6612	BR
D6613	BR
D6614	BR
D6615	BR
D6624	BR
D6634	BR
D6710	BR
D6720	$658.87
D6721	BR
D6722	BR

ADA CODE	MAXIMUM FEE
D6740	BR
D6750	$687.47
D6751	$620.26
D6752	$557.70
D6780	$655.30
D6781	BR
D6782	BR
D6783	BR
D6790	$661.38
D6791	$494.42
D6792	$519.81
D6793	BR
D6794	BR
D6920	BR
D6930	$82.94
D6940	BR
D6950	BR
D6970	BR
D6971	BR
D6972	BR
D6973	BR
D6975	BR
D6976	BR
D6977	BR
D6980	BR
D6985	BR
D6999	BR
D7111	BR
D7140	BR
D7210	$154.44
D7220	$178.75
D7230	$221.29
D7240	$268.48
D7241	$315.67
D7250	$162.66
D7260	$429.00
D7261	BR
D7270	$178.75
D7272	BR
D7280	$214.50
D7282	BR
D7283	BR
D7285	$167.31
D7286	$167.31
D7287	BR
D7288	BR
D7290	$429.00
D7291	$32.89
D7310	$137.28
D7320	$181.61
D7321	BR

QUICK REFERENCE TABLE
DENTISTRY

ADA CODE	MAXIMUM FEE
D7340	BR
D7350	BR
D7410	$184.47
D7411	BR
D7412	BR
D7413	BR
D7414	BR
D7415	BR
D7440	BR
D7441	BR
D7450	$357.50
D7451	$572.00
D7460	$357.50
D7461	$572.00
D7465	BR
D7471	BR
D7472	BR
D7473	BR
D7485	BR
D7490	BR
D7510	$143.00
D7511	BR
D7520	$199.49
D7521	BR
D7530	$43.26
D7540	$93.67
D7550	BR
D7560	BR
D7610	$1,430.00
D7620	$1,251.25
D7630	$1,608.75
D7640	$1,430.00
D7650	BR
D7660	BR
D7670	$531.60
D7671	BR
D7680	BR
D7710	$1,787.50
D7720	$1,573.00
D7730	$1,993.42
D7740	$1,608.75
D7750	BR
D7760	BR
D7770	$929.50
D7771	BR
D7780	$2,461.03
D7810	BR
D7820	BR
D7830	BR
D7840	BR
D7850	BR

ADA CODE	MAXIMUM FEE
D7852	BR
D7854	BR
D7856	BR
D7858	BR
D7860	BR
D7865	BR
D7870	BR
D7871	BR
D7872	BR
D7873	BR
D7874	BR
D7875	BR
D7876	BR
D7877	BR
D7880	$507.29
D7899	BR
D7910	$120.12
D7911	$223.80
D7912	BR
D7920	BR
D7940	BR
D7941	BR
D7943	BR
D7944	BR
D7945	BR
D7946	BR
D7947	BR
D7948	BR
D7949	BR
D7950	BR
D7953	BR
D7955	BR
D7960	$198.77
D7963	BR
D7970	$218.08
D7971	$214.50
D7972	BR
D7980	BR
D7981	BR
D7982	BR
D7983	BR
D7990	BR
D7991	BR
D7995	BR
D7996	BR
D7997	BR
D7999	BR
D8010	BR
D8020	BR
D8030	BR
D8040	BR

ADA CODE	MAXIMUM FEE
D8050	BR
D8060	BR
D8070	BR
D8080	BR
D8090	BR
D8210	$214.50
D8220	$250.25
D8660	BR
D8670	BR
D8680	BR
D8690	BR
D8691	BR
D8692	BR
D8999	BR
D9110	$65.42
D9210	$29.67
D9211	$13.23
D9212	BR
D9215	$10.73
D9220	BR
D9221	BR
D9230	$32.89
D9241	BR
D9242	BR
D9248	BR
D9310	$107.25
D9410	$99.39
D9420	$106.18
D9430	$38.25
D9440	$71.50
D9450	BR
D9610	BR
D9630	$23.60
D9910	$29.67
D9911	BR
D9920	BR
D9930	BR
D9940	$282.78
D9941	$85.09
D9942	BR
D9950	BR
D9951	$93.31
D9952	$297.80
D9970	BR
D9971	BR
D9972	BR
D9973	BR
D9974	BR
D9999	BR